



Lane County Community Health Needs Assessment Summary of Available Data

August 2012

Meeting Objectives

- ☐ Share and discuss quantitative community health indicators.
- ☐ Understand the meaning behind data.
- ☐ Learn where we are lacking information.
- ☐ Broadly engage the community in focused community health improvement efforts.

Numerous documents/resources were reviewed in preparing this Assessment, including:

- ❑ 2010 US Census
- ❑ Healthy People 2020
- ❑ National Prevention Strategy, the National Prevention Council, June 2011
- ❑ Oregon Databook 2010 and 2011
- ❑ County Databook, Children First for Oregon
- ❑ Oregon Healthy Teens 2007-2008 8th and 11th grade summarized
- ❑ United Way of Lane County's 2008 Leading Indicators Report
- ❑ Lane Council of Governments Senior & Disabled Services, 2011 Community Needs Assessment
- ❑ Oregon Tobacco Prevention and Education Program
- ❑ County Health Rankings, 2012
- ❑ Oregon Healthy Teens 2007-2008 8th and 11th grade summaries
- ❑ Multnomah County Community Health Assessment Focus Group Report
- ❑ Head Start of Lane County Community Assessment 2011-2012

Documents Reviewed, continued

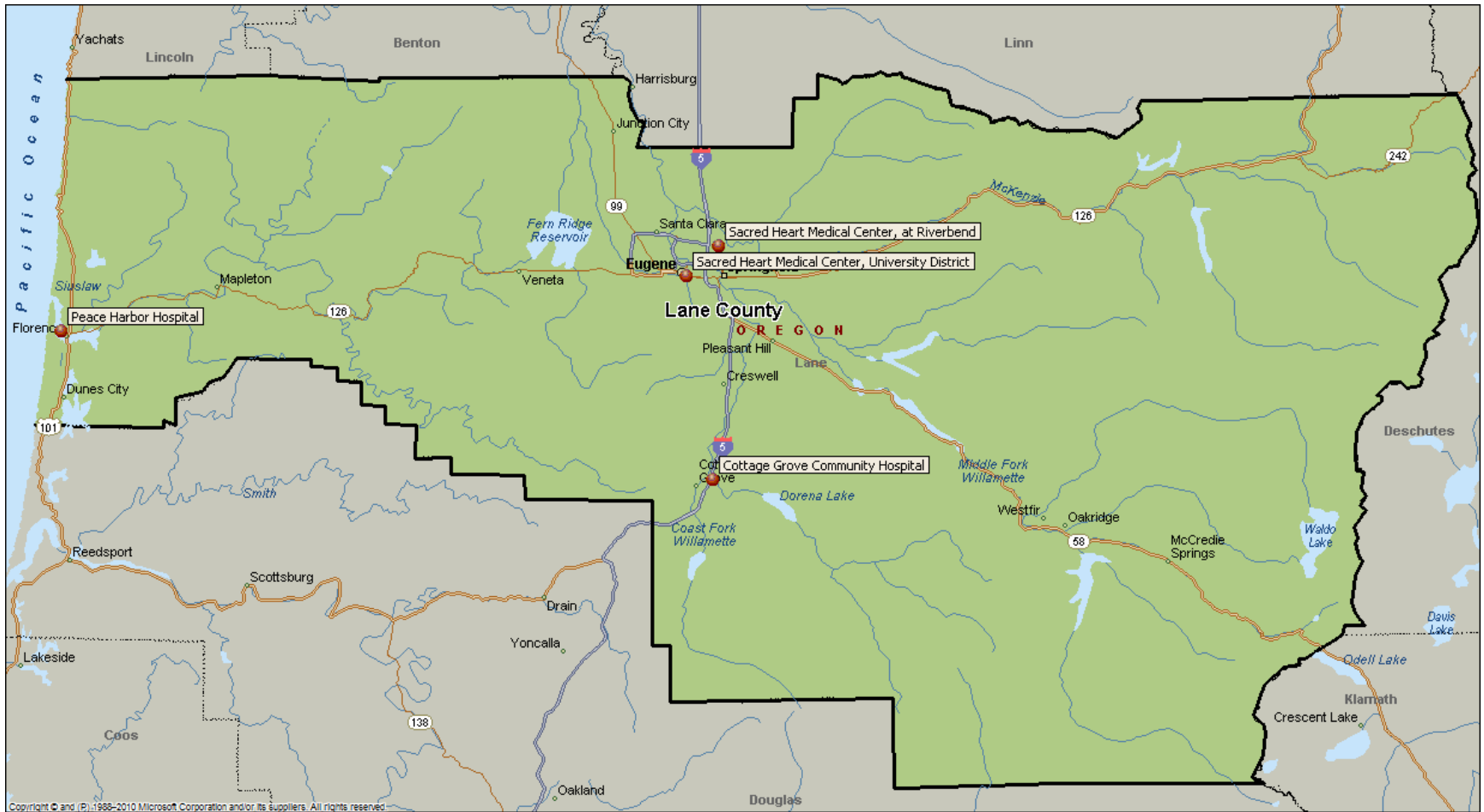
- ☐ Kids Count
- ☐ National Vital Statistics Report (NVSr) Final Data for 2009
- ☐ Emergency Department Utilization in Lane County, 2006-2007, A project of the 100% Access Healthcare Initiative, Health Policy Research Northwest
- ☐ Florence Area Coordinating Council Meeting Minutes May 2, 2012
- ☐ Black Butte Mine Summary, Oregon Health Authority
- ☐ Prevalence of Cardiovascular Disease Risk Factors Among US Adolescents, 1999-2008, A L May et al, Pediatrics, May 2012
- ☐ Lifetime Risk for Diabetes Mellitus in the United States
- ☐ Community Conversation Guide, the Harwood Institute
- ☐ HACSA Moving Towards Smokefree Housing
- ☐ Healthy Air Survey, Lane County Public Health
- ☐ Oregon Tobacco Facts and Laws

Documents Reviewed, continued

- ☐ Keeping Oregonians Health
- ☐ Oregon Chronic Disease, years 2006-09
- ☐ Local Actions to Prevent Obesity – Institute of Medicine
- ☐ Oregon Student Wellness Survey results, grades 8 and 11, school year 2007-08
- ☐ Lane County Air Quality Field Burning
- ☐ Lane County HACSA tenant survey
- ☐ HACSA resident meeting PowerPoint presentation
- ☐ Opportunity Eugene Community Taskforce on homelessness solutions
- ☐ Thriving Communities Executive Summary

Service Area Overview

Consistent with each Collaborative member's service area, the CHNA encompasses Lane County in its entirety.



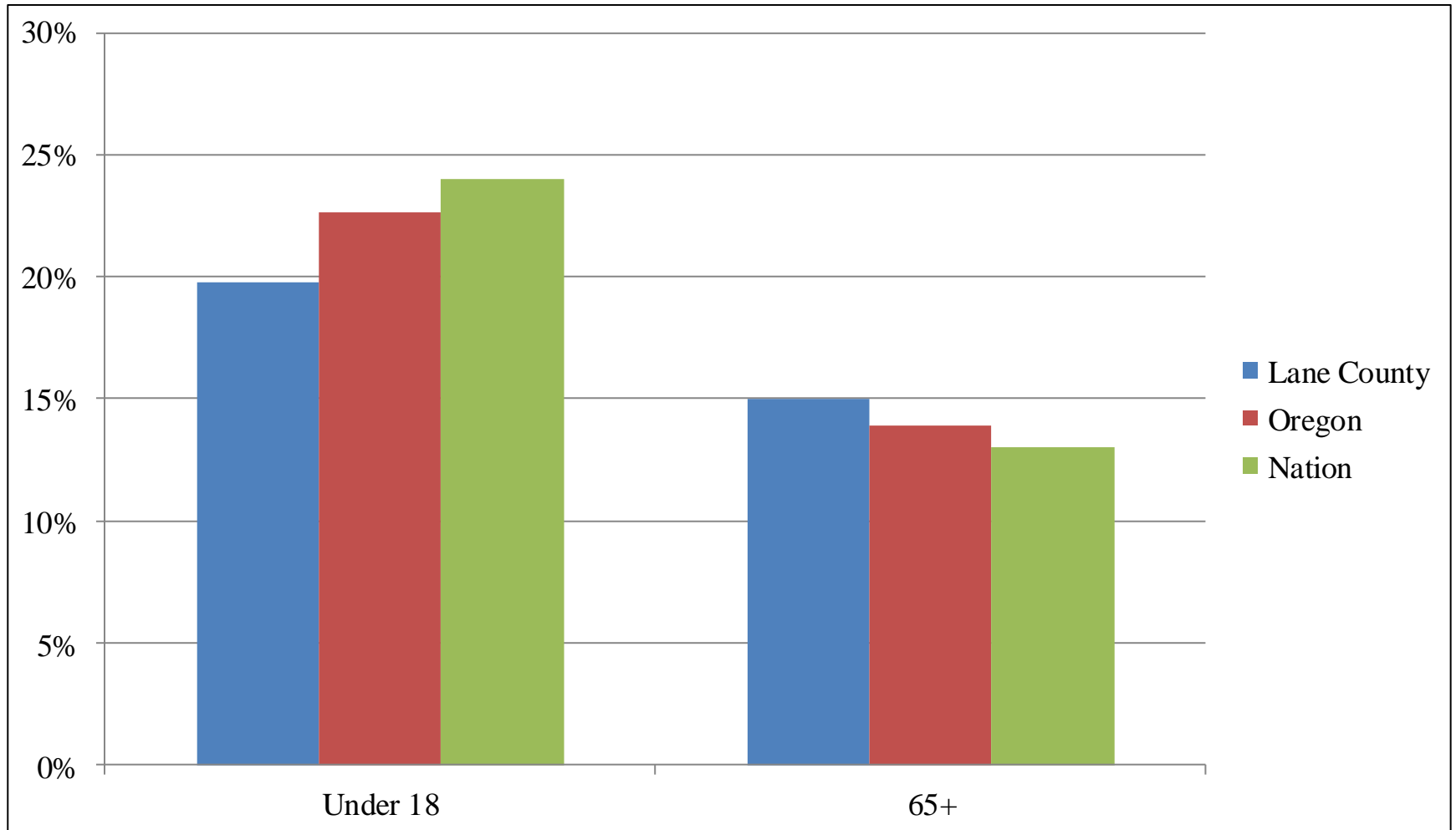
The County is home to about 350,000 residents. Individual communities vary greatly in their demographic characteristics.

Racial and Ethnic Background in Lane County

City	Total Population	White	Black	American Indian	Pacific Islander	Asian	Hispanic	Percent 65 years of age or older
Cottage Grove	9,686	90.4%	0.3%	1.3%	0.1%	1.1%	8.0%	16.5%
Creswell	5,031	89.6%	0.4%	1.0%	0.1%	1.0%	8.6%	11.8%
Eugene	156,185	85.8%	1.4%	1.0%	0.2%	4.0%	7.8%	10.0%
Florence	8,466	92.5%	0.3%	1.3%	0.3%	1.0%	5.4%	36.4%
Junction City	5,392	90.4%	0.7%	1.3%	0.1%	0.6%	9.0%	15.1%
Springfield	59,403	85.9%	1.1%	1.4%	0.3%	1.3%	12.1%	11.6%
Lane County	351,715	88.3	1.0%	1.2%	0.2%	2.4%	7.4%	15.0%
Oregon	3,831,074	83.6%	1.8%	1.4%	0.3%	2.4%	11.4%	13.9%
United States	308,745,538	72.4%	12.6%	0.9%	0.2%	4.8%	16.3%	13.0%

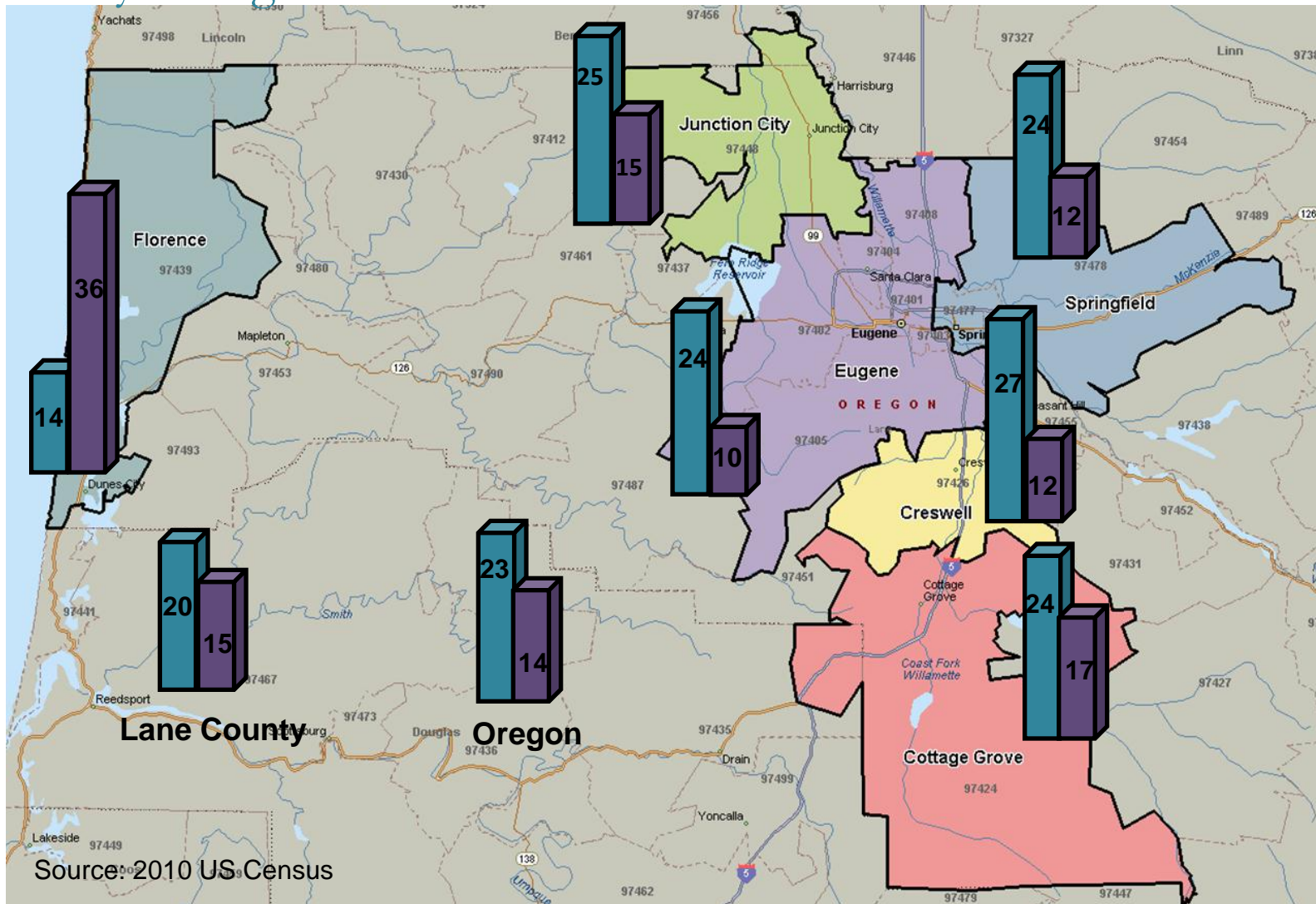
Source: US Census, 2010

Lane County has more 65+ residents and fewer residents under 18 than the rest of the State or Nation.



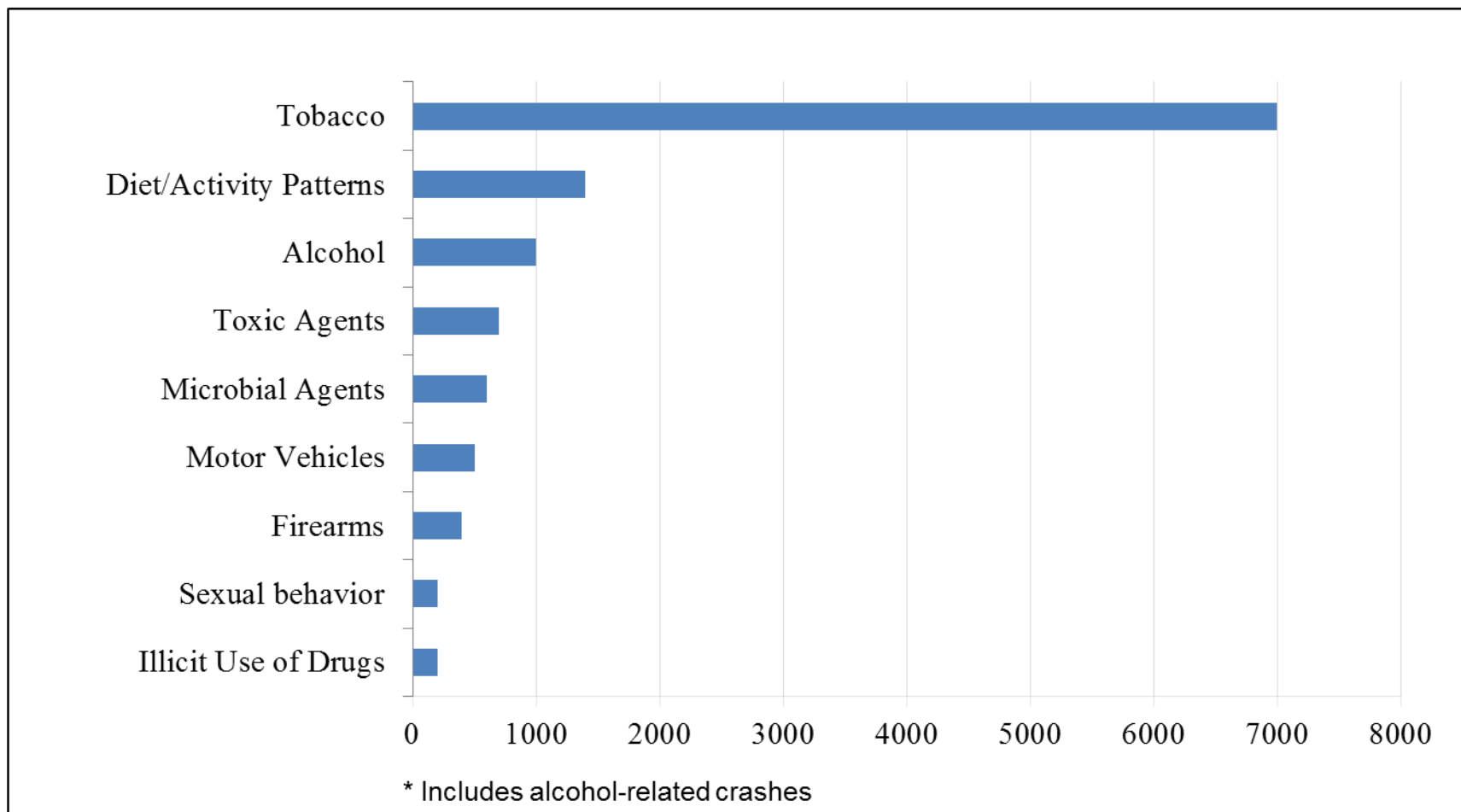
Source: 2010 US Census

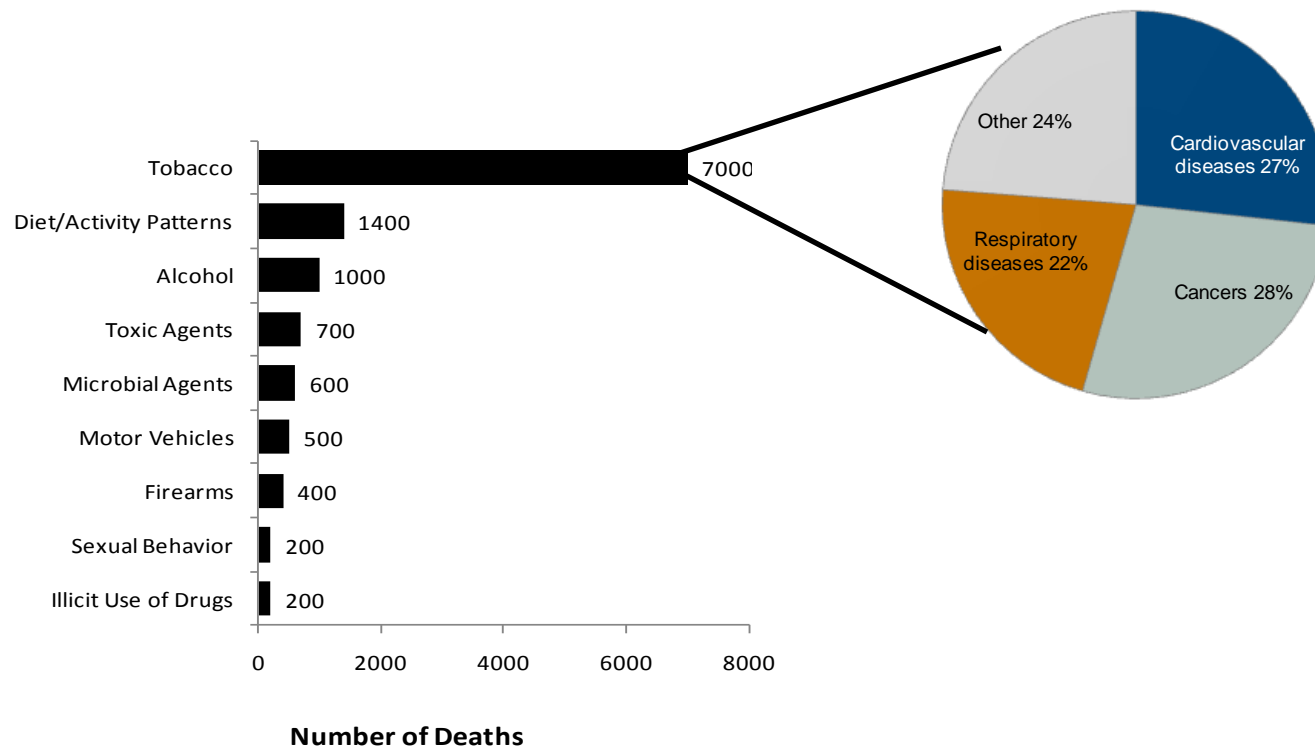
In fact, Florence has more than twice the rate of elderly than the County at large.



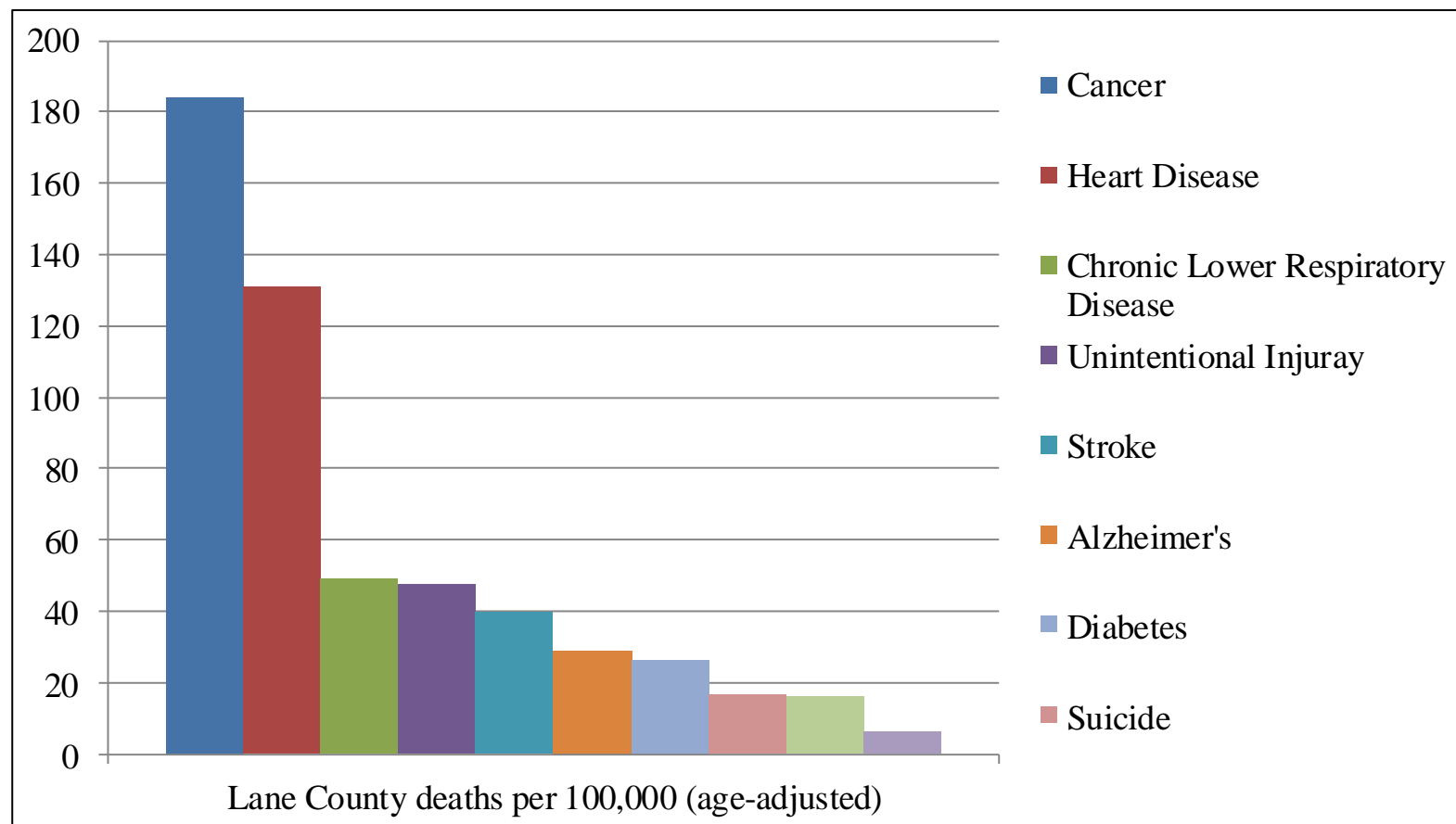
Health Status: Leading Causes of Death

What's *REALLY* killing Oregonians?





Cancer and heart disease account for the vast majority of deaths in the County.



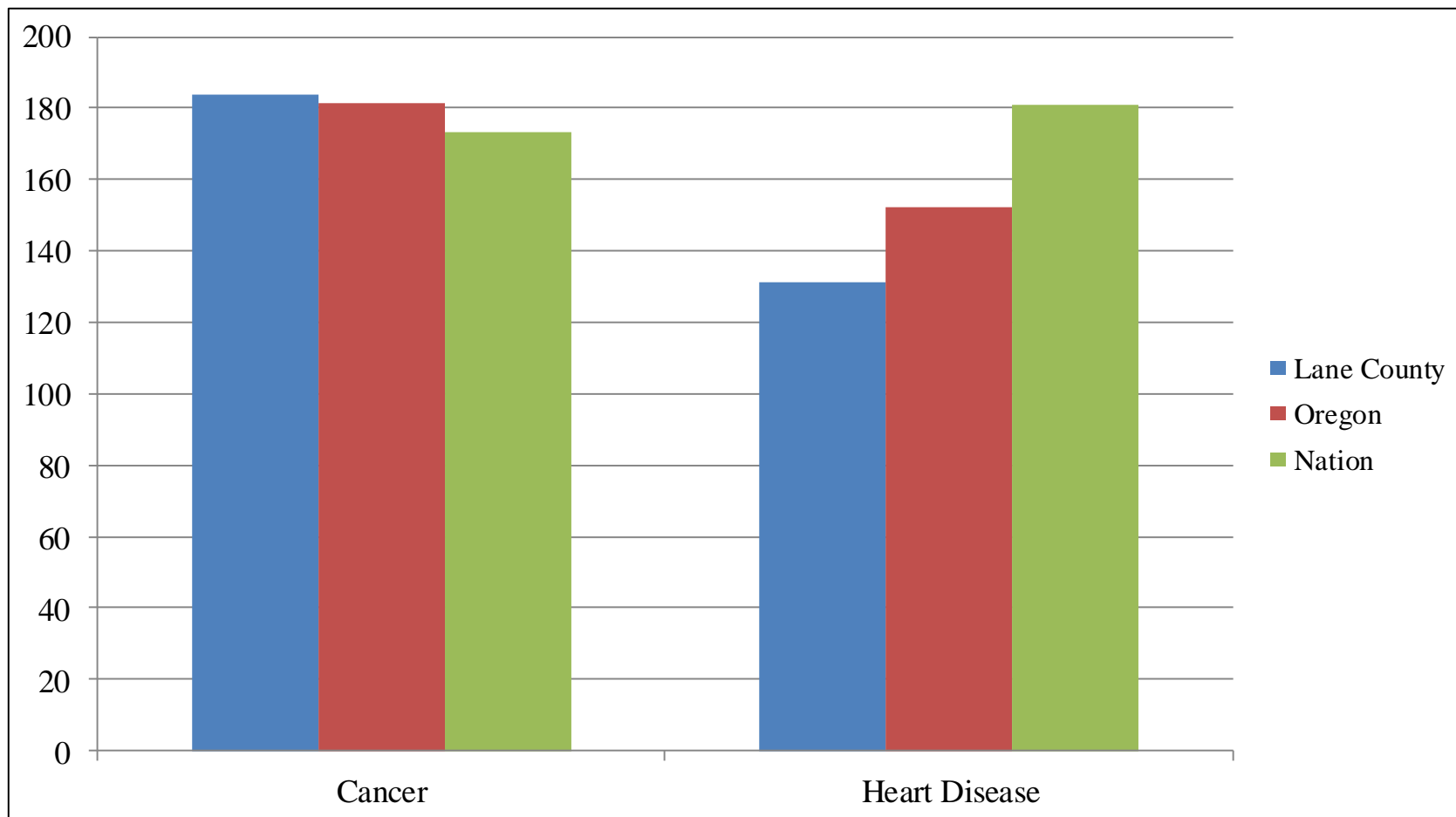
Cancer and heart disease are the top causes of death in Lane County, and in the years 2007-2009, these causes accounted for 42% of all resident deaths.

Top Causes of Mortality 2007-2009

	Cause	Death Rate Lane County	Death Rate Oregon State	National Death Rate2009
1	Cancer	183.9	181.3	184.9
2	Heart Disease	131.1	152.2	180.1
3	Chronic Lower Respiratory Disease	48.8	47.3	42.3
4	Unintentional Injury	47.5	40.9	59.2
5	Stroke	39.9	44.7	42.2
6	Alzheimer's	29.1	28.7	23.5
7	Diabetes	26.5	25.9	22.4
8	Suicide	16.7	15.4	11.8
9	Alcohol Induced	15.8	13.2	7.4
10	Hypertension	6.3	5.8	7.7
	All Causes	756.3	760.9	

Source: Oregon State Vital Statistics Report 2009, NVSS 2009 Rates are age-adjusted.

The cancer death rate is slightly higher than the State and national averages. Heart disease deaths are 14% lower than the national rate.



Sources: Oregon, Lane County Oregon Vital Statistics Annual Report for years 2007-2009, National Rate, National Vital Statistic Report (NVSR), rates are age-adjusted. Rates are per 100,000.

In Lane County, lung, bronchus, and tracheal cancers were the cancers with the highest death rates. Lane County's rate of cancer and tobacco-related deaths is higher than the State at large.

Cancer	Lane County Death Rate	Oregon Death Rate
Lung, bronchus, and tracheal	52.7	20.8
Prostate	26.8	25.4
Lymphoid and hematopoietic	16.8	18.4
Colon, rectum, and anus	15.8	16.5
Pancreas	13.1	11.1
All Cancers	183.9	181.3

Source: Oregon Vital Statistics Annual Report, 2009; Death data are for the years 2007-2009 and are age-adjusted.

Cancer and Tobacco-related Deaths	Lane County	Oregon State
Incidence of tobacco-linked lung cancers, lung, and bronchus only	70.5	67.9
Death rate due to lung and bronchus cancers	57.7	54.0
Tobacco-related deaths	184.8	178.4
Tobacco-linked cancer mortality	95.2*	89.2

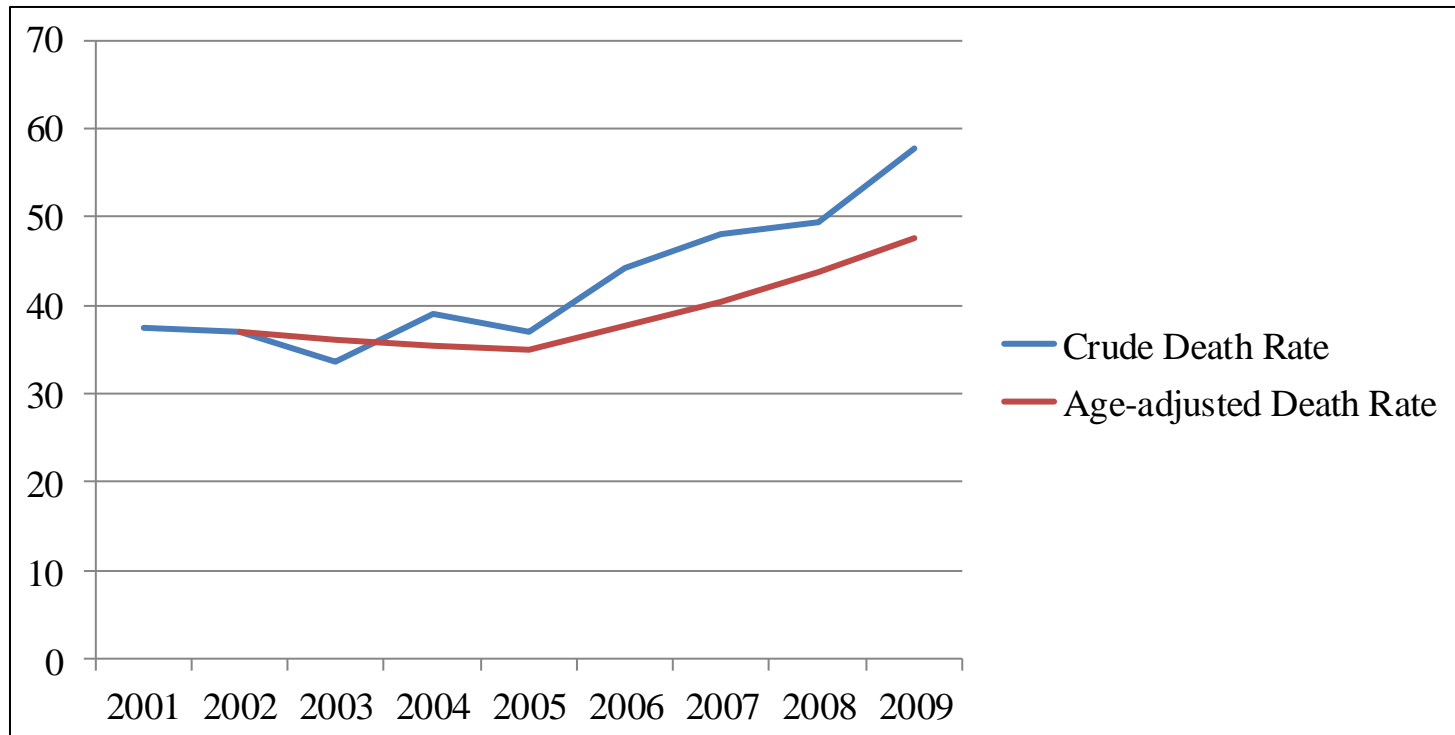
Source: Oregon Tobacco Facts and Laws, January 2011

*statistically significant

Deaths due to alcohol and suicide are significantly higher in Lane County.

- ❑ The suicide rate is 40% higher than state and national rates.
 - ❑ Only Wyoming, New Mexico, Nevada, Montana, Idaho, Colorado, and Alaska have higher death rates due to suicide.
 - ❑ In Lane County, the median age for suicides is 45; suicide has the lowest median age of death for any major adult mortality cause in the County.
- ❑ Alcohol-induced deaths in the County are more than twice as high as national rate.
 - ❑ Only Alaska, Montana, and New Mexico have higher rates of alcohol-related deaths.

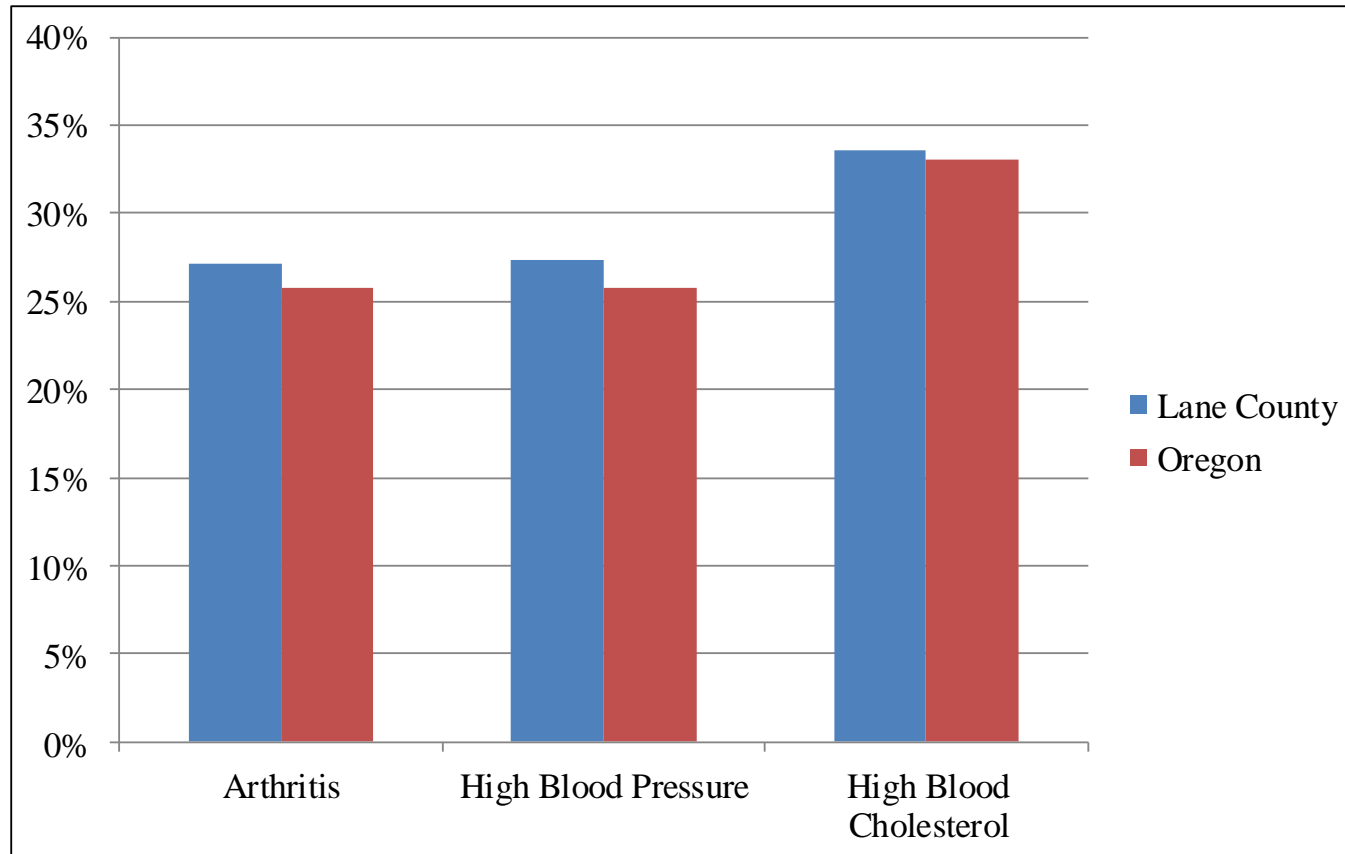
The crude and age-adjusted death rates for unintentional injury have risen over the past ten years.



Source: Oregon State Vital Statistics Reports 2001-2009. Age-adjusted death rate combines 3 years of data, Date refers to final year of data.

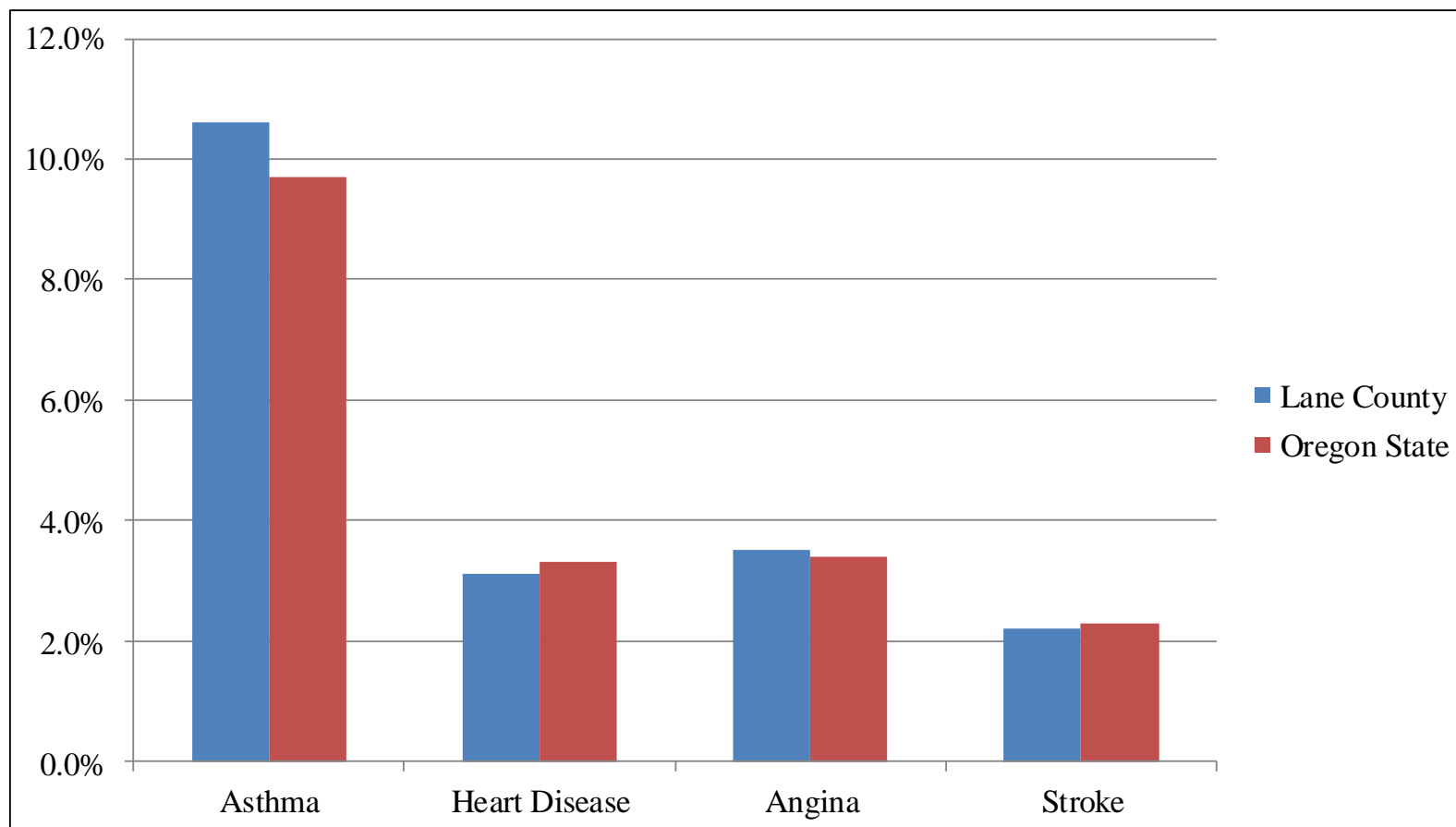
Health Status: Morbidity and Prevalence

61 percent of Oregon adults have at least one of the following chronic conditions: arthritis, asthma, diabetes, heart disease, high blood pressure, high cholesterol or stroke



Age-adjusted prevalence rates. Source: Oregon BRFSS County Combined Dataset 2006-2009.

Lane County's Asthma rate exceeds the state rate by 10%



Age-adjusted prevalence rates. Source: Oregon BRFSS County Combined Dataset 2006-2009.

Premature Death			
Variable	Lane County	Oregon State	National Average
Premature death: potential years of life lost before age 75 per 100,000	6,813	6,343	7,083*

*County Health rankings, 2012 * National Health Indicators Warehouse, 2006-2008*

General Health Status

Variable	Lane County	Oregon State
Percent with fair or poor health	14.0%	14.0%
Poor physical health days per month	4	4
Poor mental health days per month	4	3

Source: County Health rankings, 2012

Social and Economic Environment

The social determinants of health – the conditions in which people are born, grow, live, work, and age – play an important role in health status.

❑ For example, education:

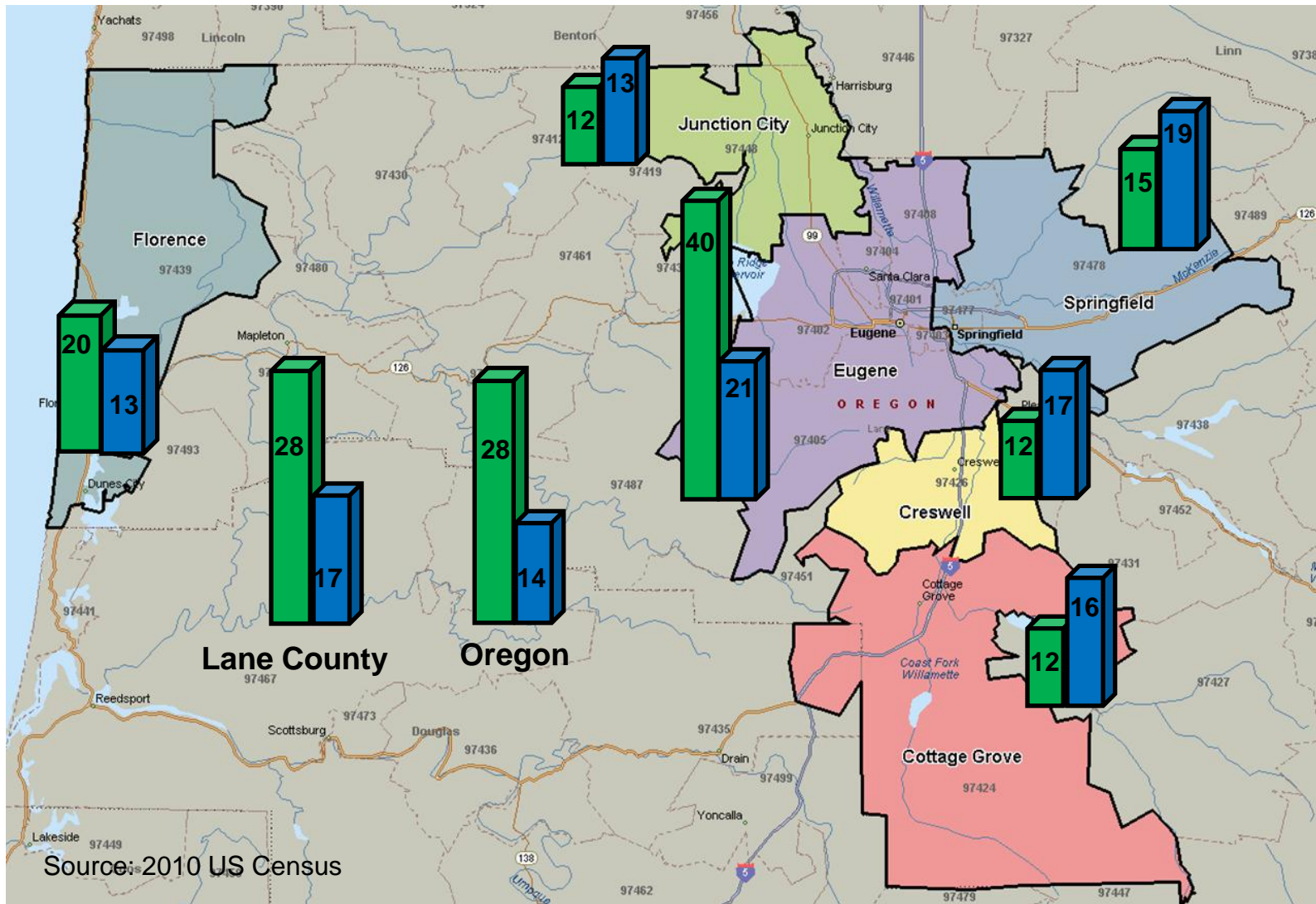
❑ More education correlates with a lower risk of poverty.

- Research shows that the risk for poor or fair health status could be halved by an additional four years of education.
- More educated individuals were nearly half as likely to smoke and engage in binge drinking.
- While more educated individuals are more likely to have “good health behaviors,” this does not entirely account for the difference in health status.

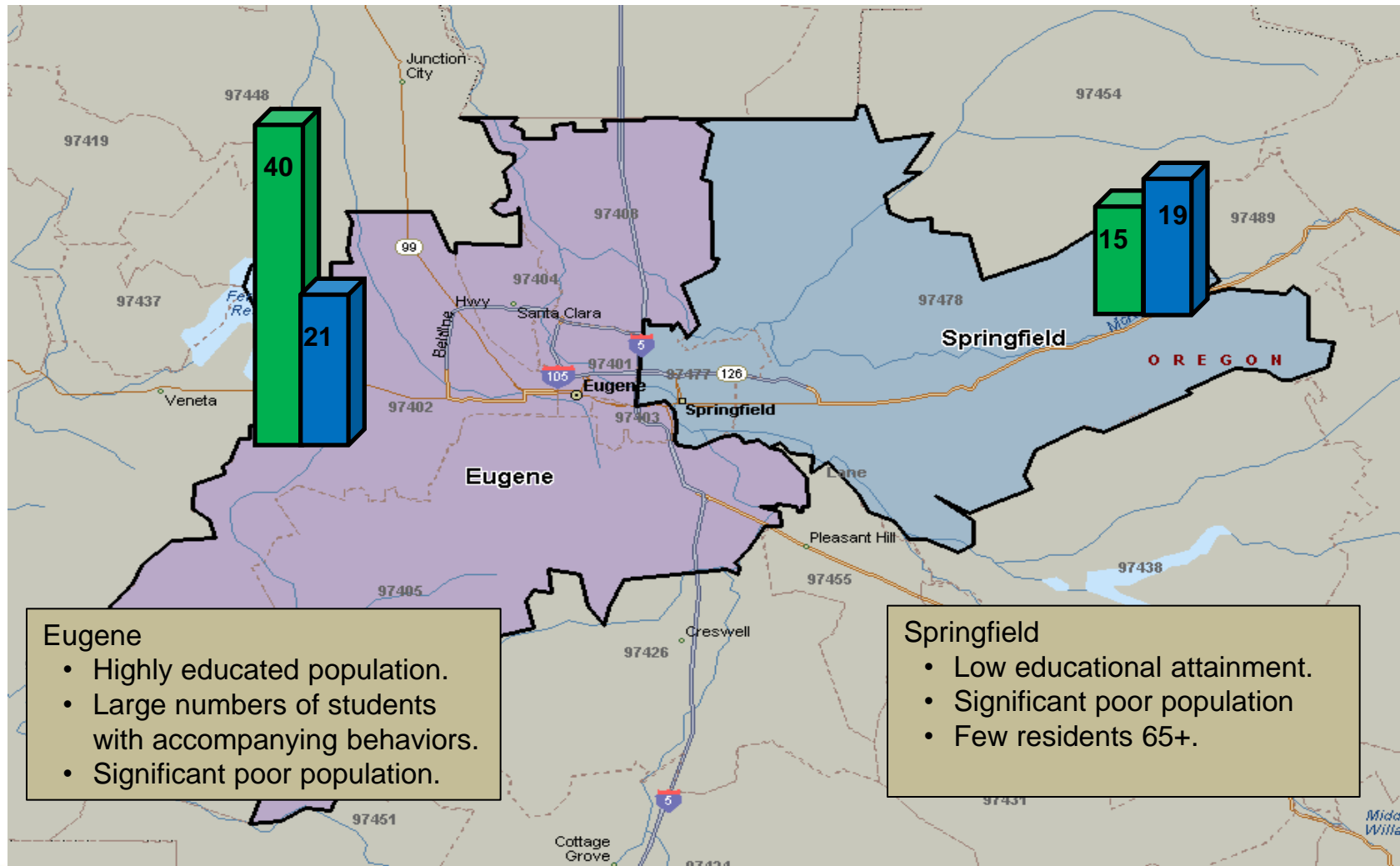
❑ Life expectancy for individuals at age 25 with any college education has risen by 1.6 years between 1991 and 2000, while no increase in life expectancy was reported for those without any college education in the same time period.

- In 2000, this amounted to a 7 year difference in life expectancy (Meara et al, 2008).

Education and poverty levels vary throughout the County.



Eugene and Springfield, though part of the same metropolitan area, differ significantly in educational attainment and poverty.



Nearly 62,000 or 17.7% of Lane County residents rely on Medicaid, though the rates vary significantly by community. VERIFY

	<u>Medicaid</u>	<u>Total Pop</u>	<u>% Medicaid</u>
<input type="checkbox"/> Eugene	27,760	156,185	17.8%
<input type="checkbox"/> Springfield	17,520	59,403	29.5%
<input type="checkbox"/> Cottage Grove	3,546	9,686	36.6%
<input type="checkbox"/> Creswell	1,603	5,031	31.9%
<input type="checkbox"/> Junction City	2,180	5,392	40.4%
<input type="checkbox"/> Oakridge	1,004	3,205	31.3%
<input type="checkbox"/> Veneta	1,637	4,561	35.9%
<input type="checkbox"/> Total Lane County Medicaid population = (N=61,669) (Florence area data not available)			

Lane County residents are less likely to be foreign-born or speak a language other than English at home than the rest of the State or Nation.

Language Demographics

City	Percent foreign-born	Percent with a language other than English spoken at home
Cottage Grove	3.3%	7.3%
Creswell	4.0%	10.7%
Eugene	11.4%	19.0%
Florence	4.0%	5.1%
Junction City	5.8%	6.7%
Springfield	5.6%	11.4%
Lane County	5.6%	10.0%
Oregon	9.7%	14.3%
United States	12.7%	20.1%

Source: US Census, 2010

Lane County is similar to the State and Nation in select social determinants of health. Exceptions include lower rates of non-English proficiency and illiteracy. It has a higher rate of violent crime than the rest of the State, but the rate is lower than the Nation.

Selected Determinants for Lane County and Oregon State

Determinant	Lane County	Oregon State	Nation
Percent of the population with inadequate social Support	16.0%	16.0%	ND
Percent of the population that is not proficient in English	3.0%	6.0%	13%
Percent of the population that is rural	19.3%	21.3%	19.3%
Percent with high housing costs – more than 30% of income used for housing	40.0%	39.0%	35%
Percent Illiterate	8.8%	10.2%	14%
Violent Crime rate, per 100,000	320	271	404

Source: County Health rankings 2012. Violent Crime is defined as: murder and negligent manslaughter, forcible rape, robbery, and aggravated assault

Lane County faces some significant economic challenges.

- ❑ While currently the County's unemployment rate (8.8%) is lower than the State's rate (9.2%), at the peak of the recession, Lane County's rate soared to nearly 14% while the Oregon rate only reached about 12%.
- ❑ Wages in Lane County are lower than the State overall, and were low enough that Lane County ranks in the lower third of all counties in the nation in wages earned.
- ❑ The United Way estimates that the mean renter in Lane County makes \$10.34 an hour, but would need an extra \$4.28 an hour (29%) to afford a 2-BR apartment.
- ❑ 40% of Lane County residents spend more than 30% of their income on housing.

Sources: National Bureau of Labor Statistics; County Health Rankings United Way of Lane County 2008 Leading Indicators Report; Head Start of Lane County Community Assessment 2011-2012

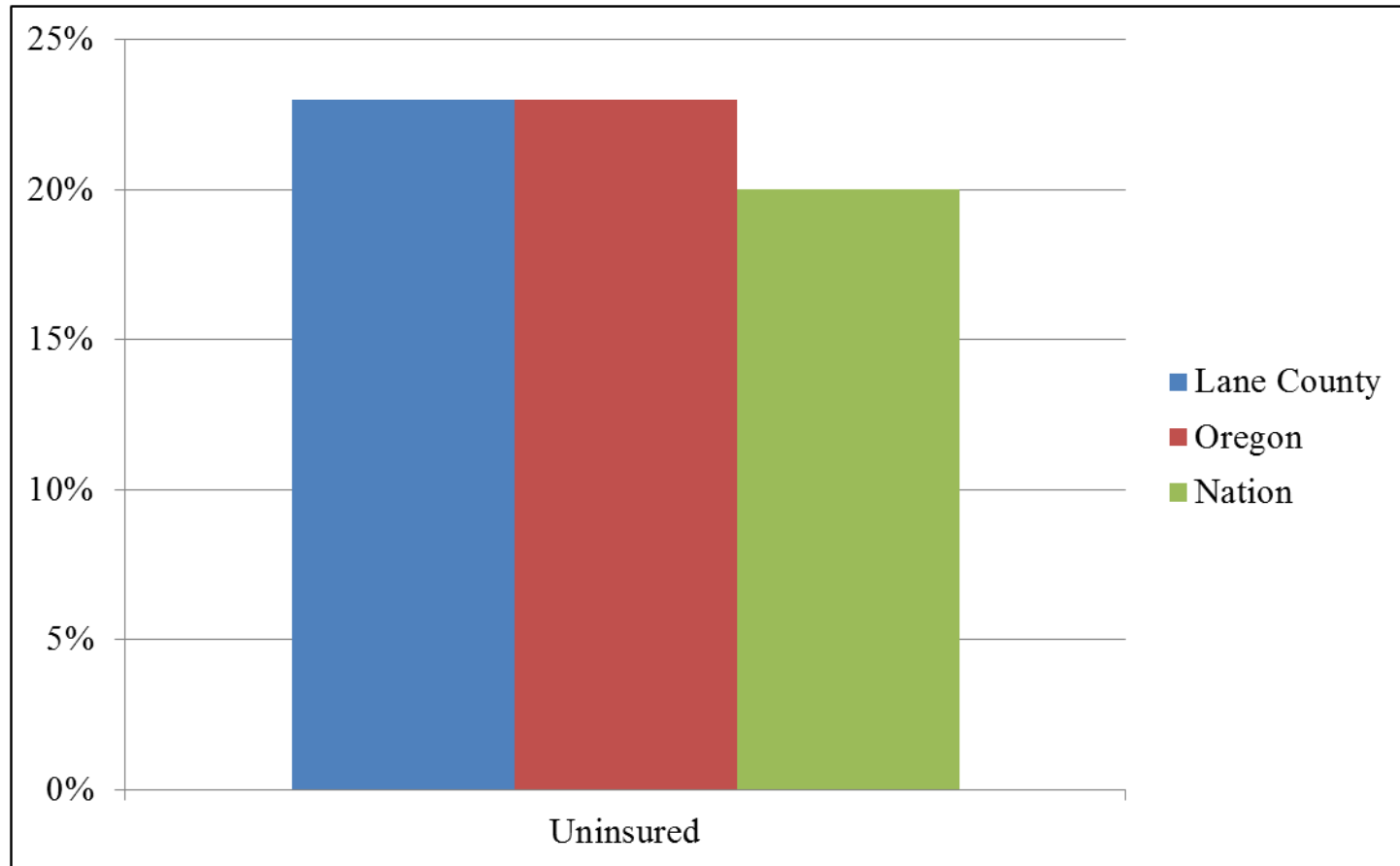
Lane County faces some significant economic challenges.

- ❑ One night counts identified 633 chronically homeless individuals in the Eugene-Springfield metro area.
- ❑ In 2011, Community Health Centers of Lane County treated 2,349 homeless patients.
- ❑ In two month period beginning in August 2010, 102 Head Start families were homeless.

Sources: National Bureau of Labor Statistics; County Health Rankings United Way of Lane County 2008 Leading Indicators Report; Head Start of Lane County Community Assessment 2011-2012

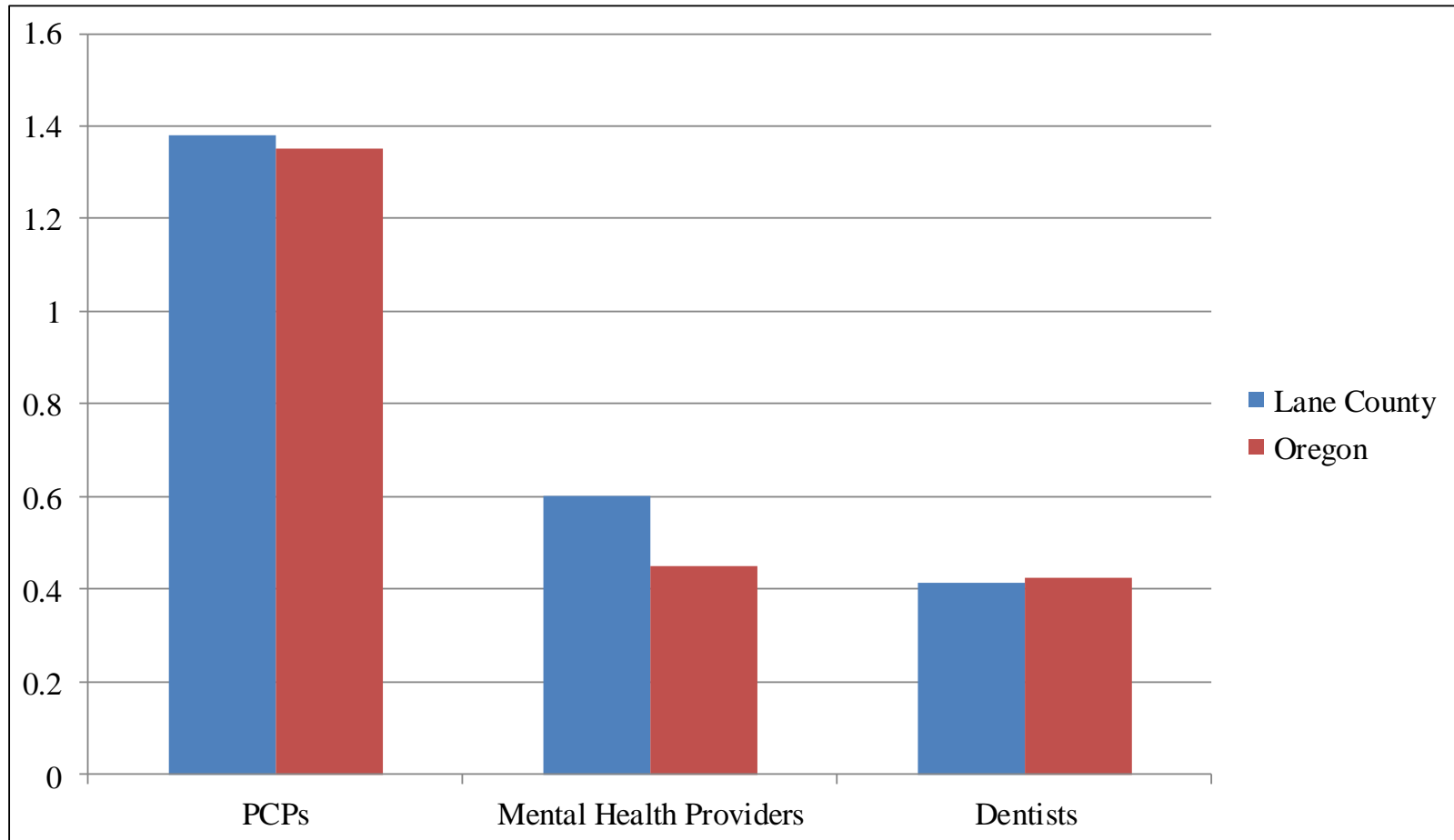
Access to Care

In comparison to the Nation, Lane County and Oregon State residents are more likely to be uninsured, with 23% of residents uninsured. Health care reform in 2014 should make a dramatic impact on this rate.



Source: State, County, BRFSS 2006-2009; National, BRFSS 2010

Lane County has more Mental Health Providers per 1,000 residents and comparable Primary Care Providers (PCPs) and Dentists per resident to the State .



Source: County Health Rankings 2012. Providers per 1,000 Population.

Portions of Lane County have Health Professional Shortage Areas (HPSAs) designations, further indicating that there are geographies or populations that are underserved.

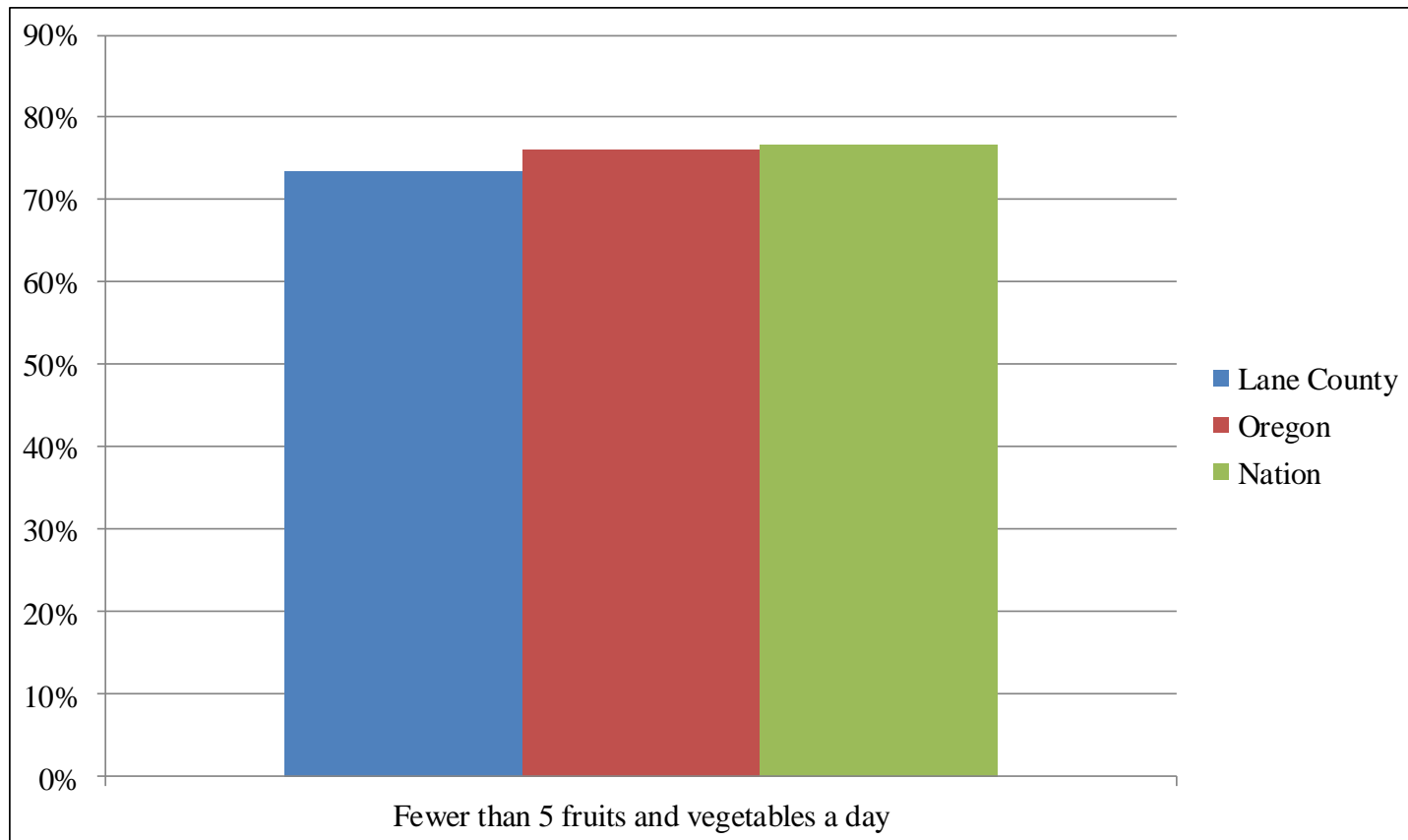
- ❑ Oakridge and Veneta have been identified as HPSAs by the Federal Office of Manpower Shortage.
- ❑ Eugene has been designated as a Low Income Farmworker HPSAs.
- ❑ Unincorporated Lane County and Cottage Grove have also been declared low income HPSAs.
- ❑ West Springfield and Unincorporated Lane County have MUA/P areas indicating a shortage of mental health providers.
- ❑ Lane County has been designated a low income dental HPSA.

Dental Care

- ❑ Access to dental care has been identified by the medical and social services providers as a significant problem.
- ❑ In 2005-2006, there were 6,718 ED visits for dental problems.
- ❑ 48% of these patients did not have insurance.
- ❑ Economic factors suggest the problem has likely gotten worse.
- ❑ From 2002-2007, tooth decay, untreated decay and rampant decay among Oregon 1st and 2nd graders worsened.
- ❑ Ethnic minorities have significantly higher rates of untreated problems.
- ❑ From Jan 2010-June 2011, 120 uninsured adults had 255 visits at the Lane Community College's dental clinic.
- ❑ Last year, the White Bird Dental Clinic served 1,580 people
- ❑ White Bird receives an additional 50 calls a day for dental assistance.

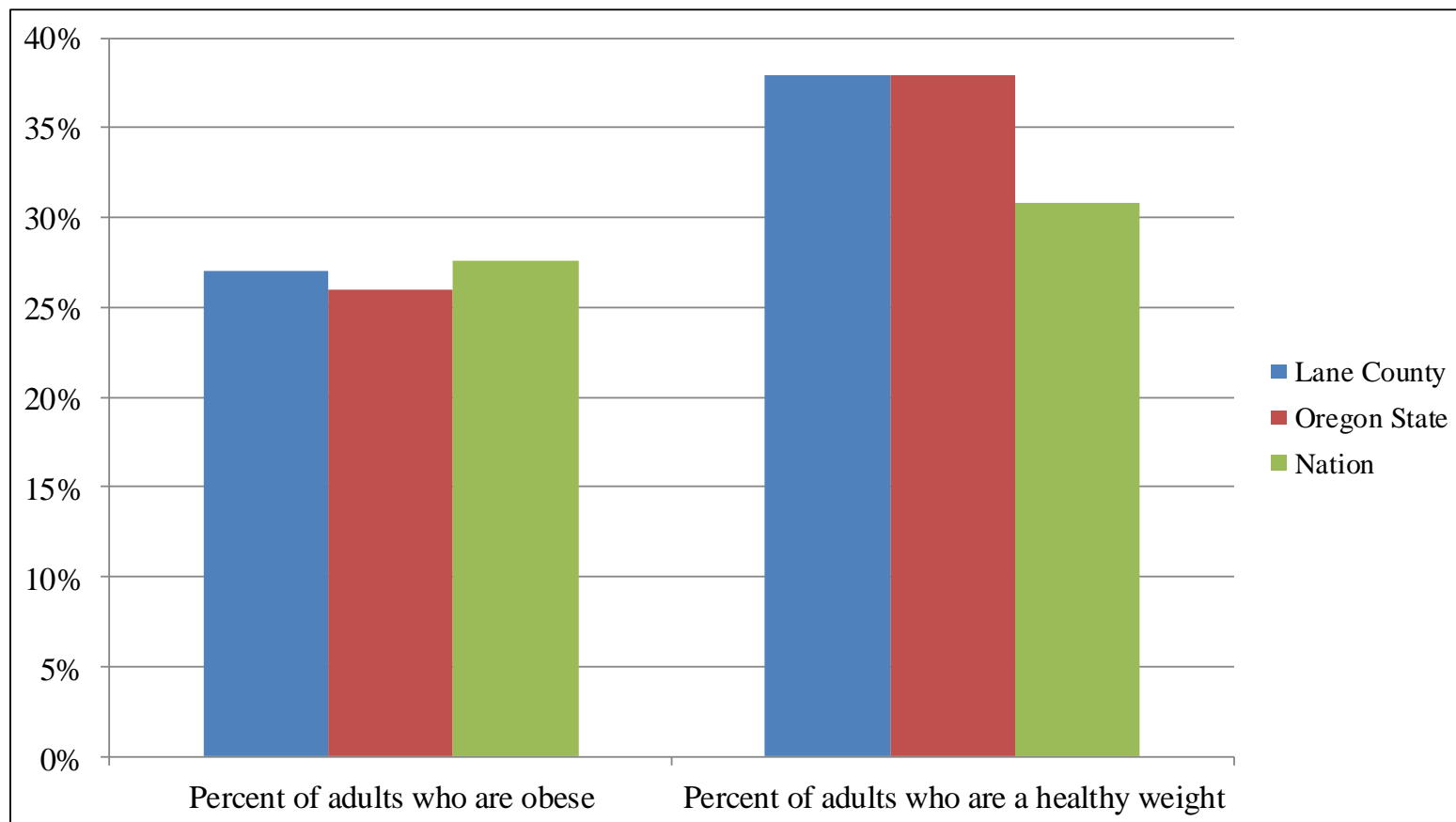
Behavioral Risk Factors

Almost 75% of Lane County adults don't meet minimum recommendations for fruit and vegetable consumption



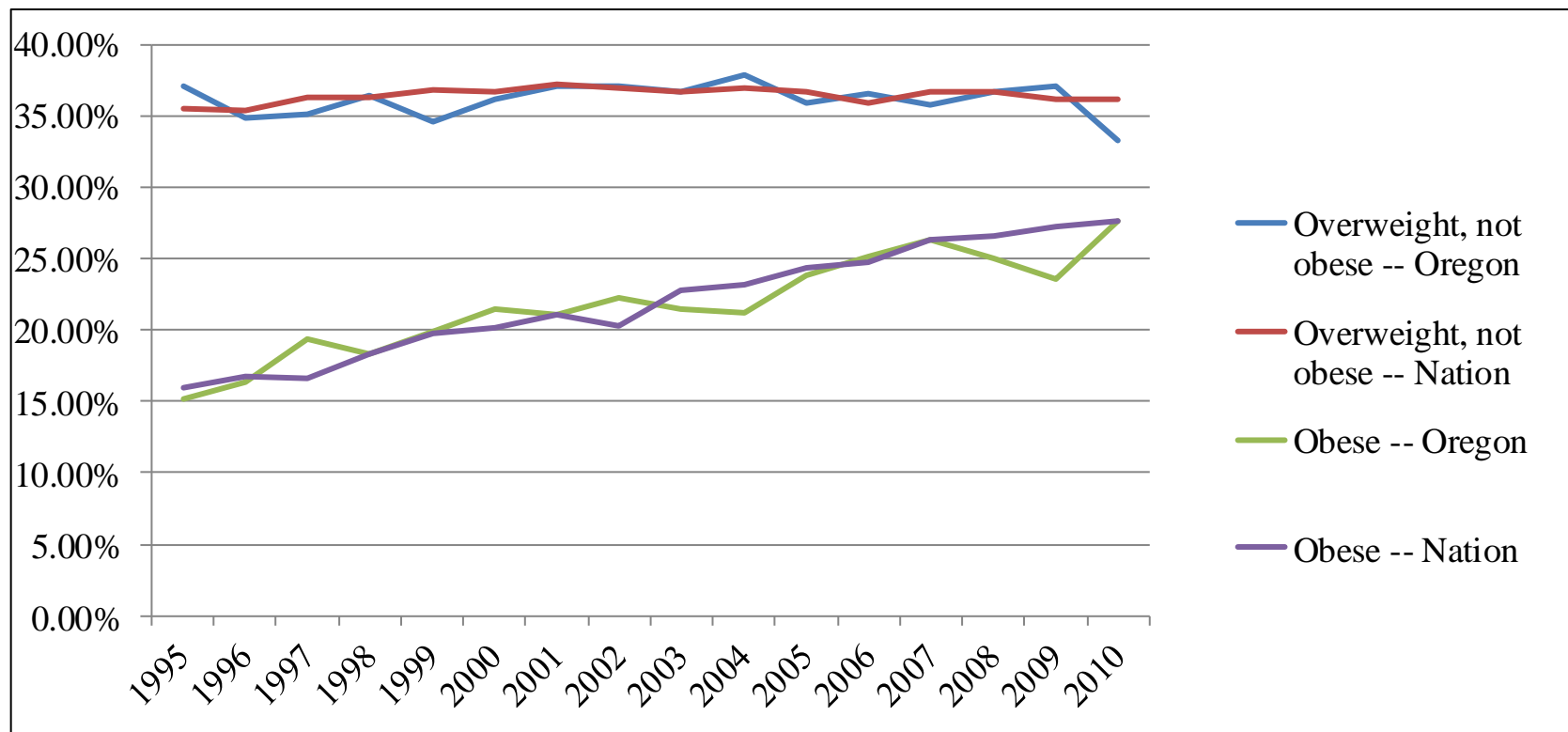
Source: County, State Data, BRFSS 2006-2009, Department of Health; National data, BRFSS, 2010

60% of Lane County adults are overweight or obese



Source: County, State Data, BRFSS 2006-2009; National data, BRFSS, 2010

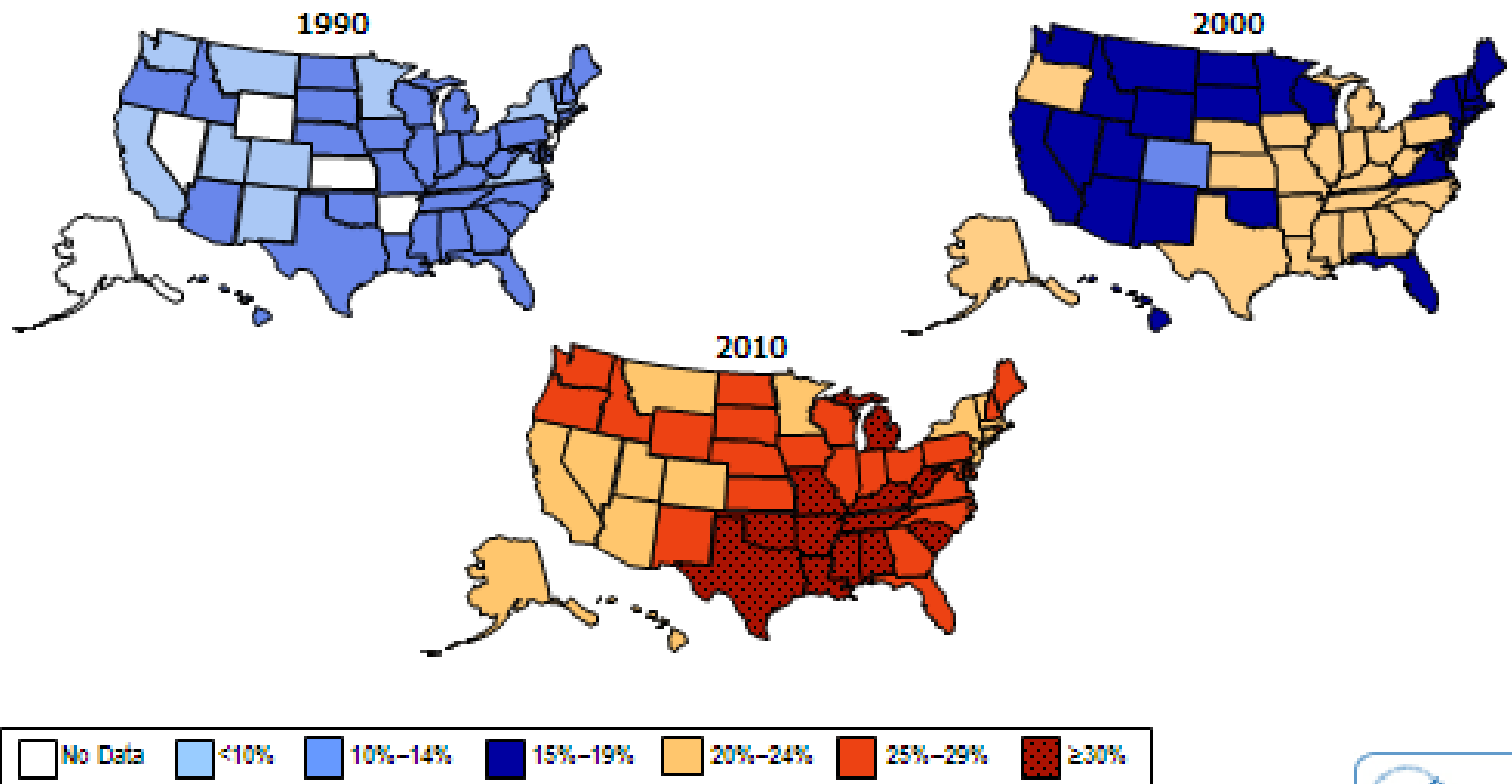
The rate of obesity has nearly doubled in the State (and Nation) over the last 15 years.



Source: BRFSS 1995-2010

Obesity Trends* Among U.S. Adults BRFSS, 1990, 2000, 2010

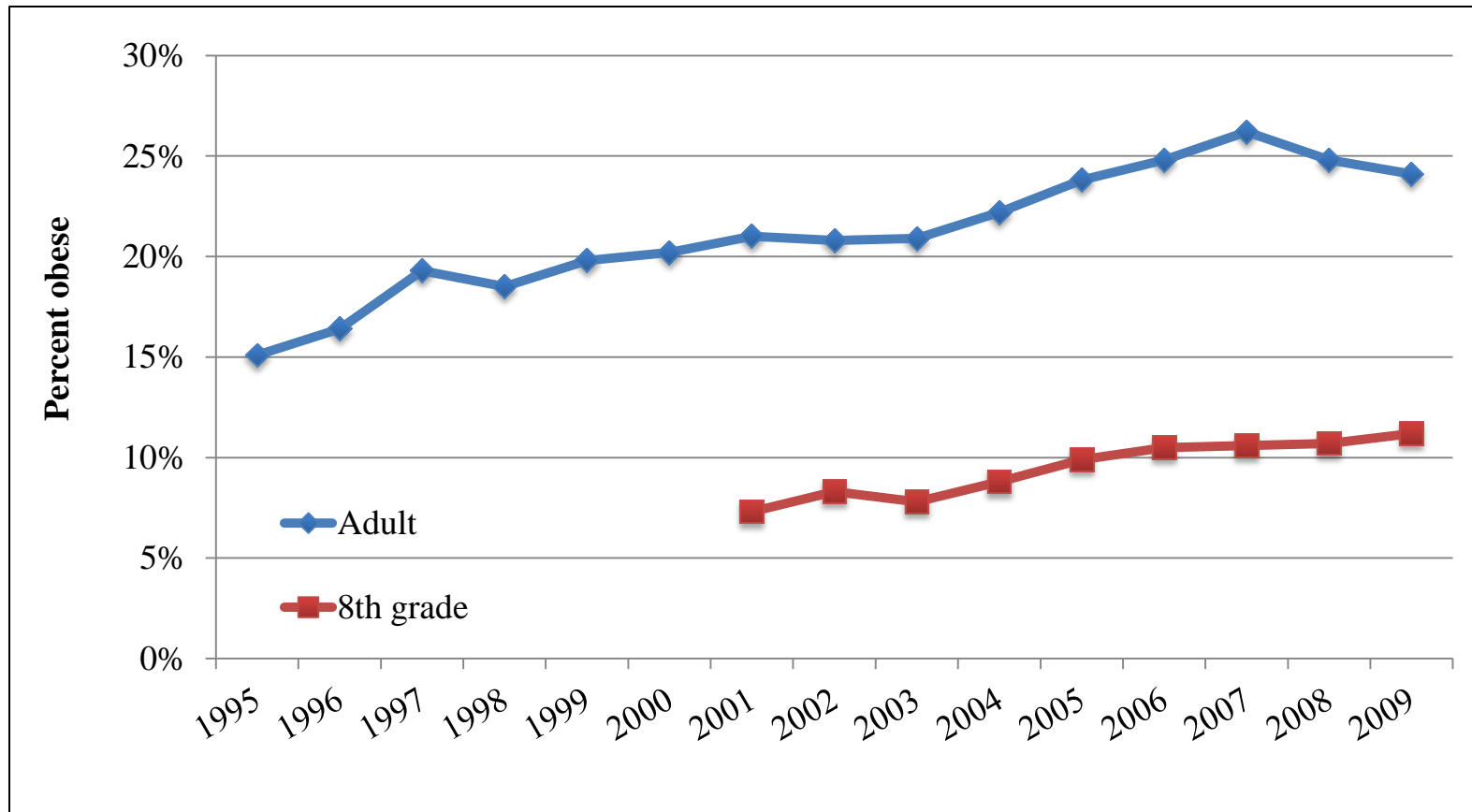
(*BMI ≥ 30 , or about 30 lbs. overweight for 5'4" person)



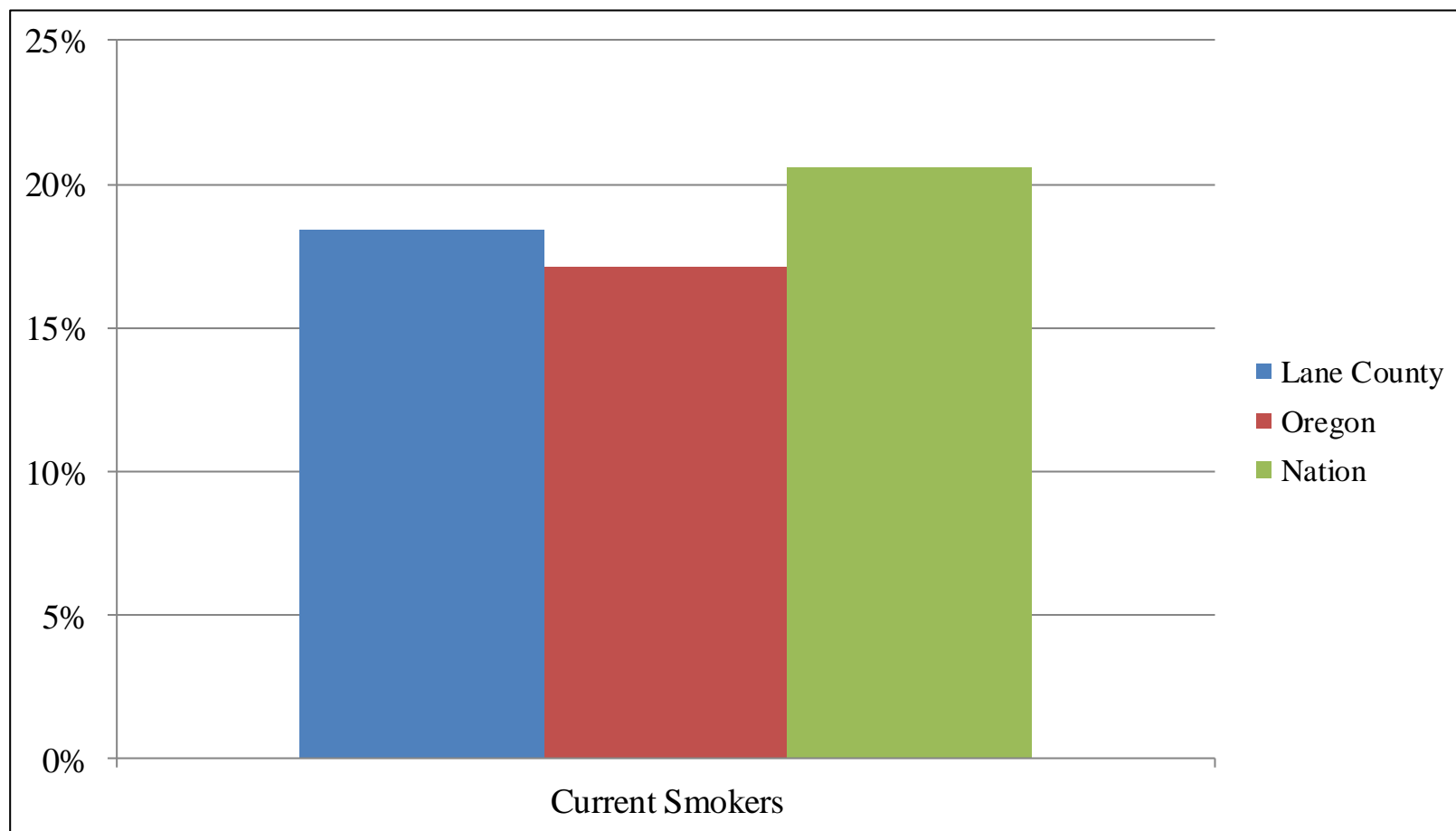
Source: Behavioral Risk Factor Surveillance System, CDC.



Prevalence of obesity among adults and 8th graders, Oregon, 1995 to 2009.

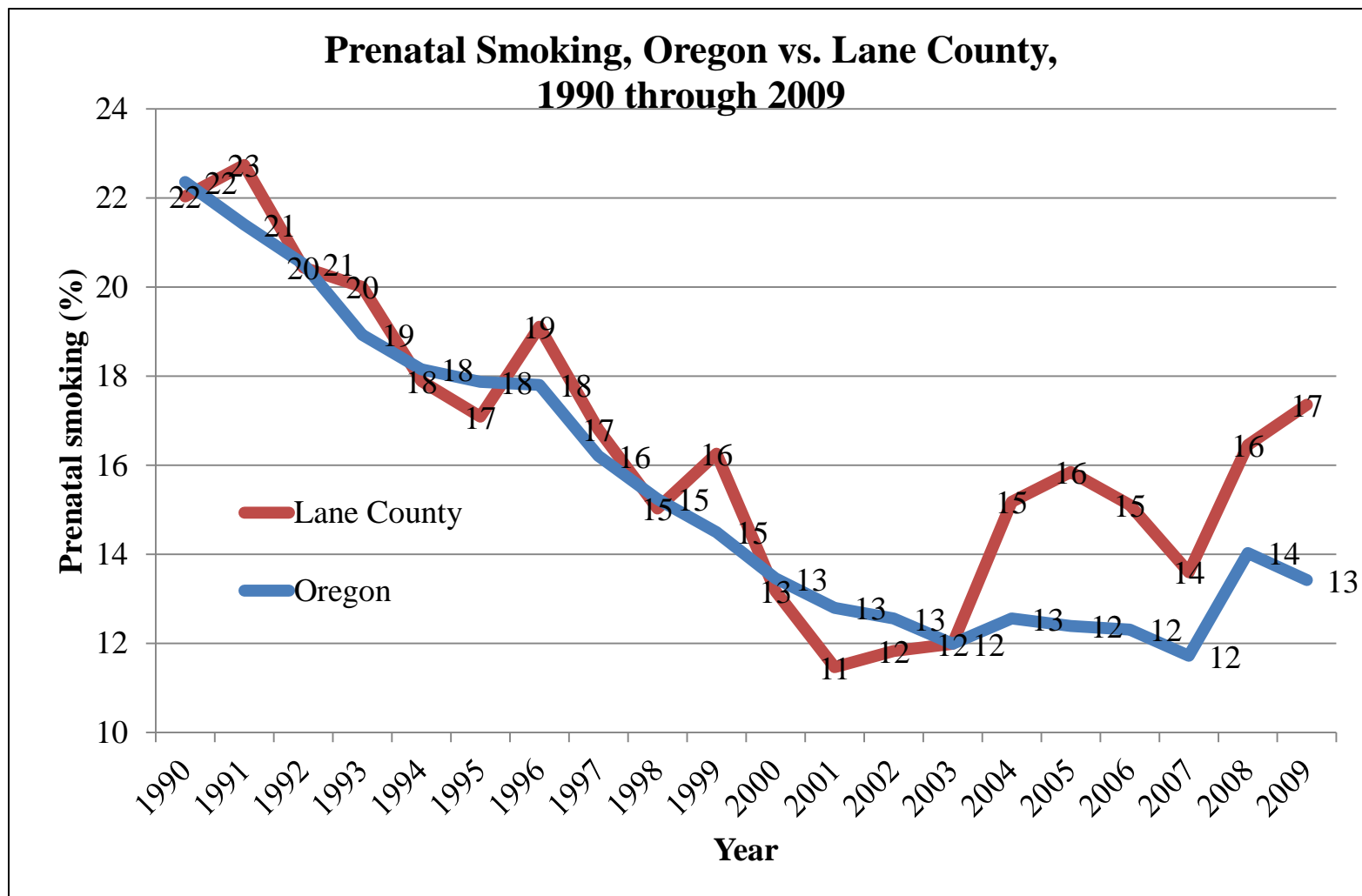


18% of Lane County residents smoke cigarettes— placing us well above the State rate.

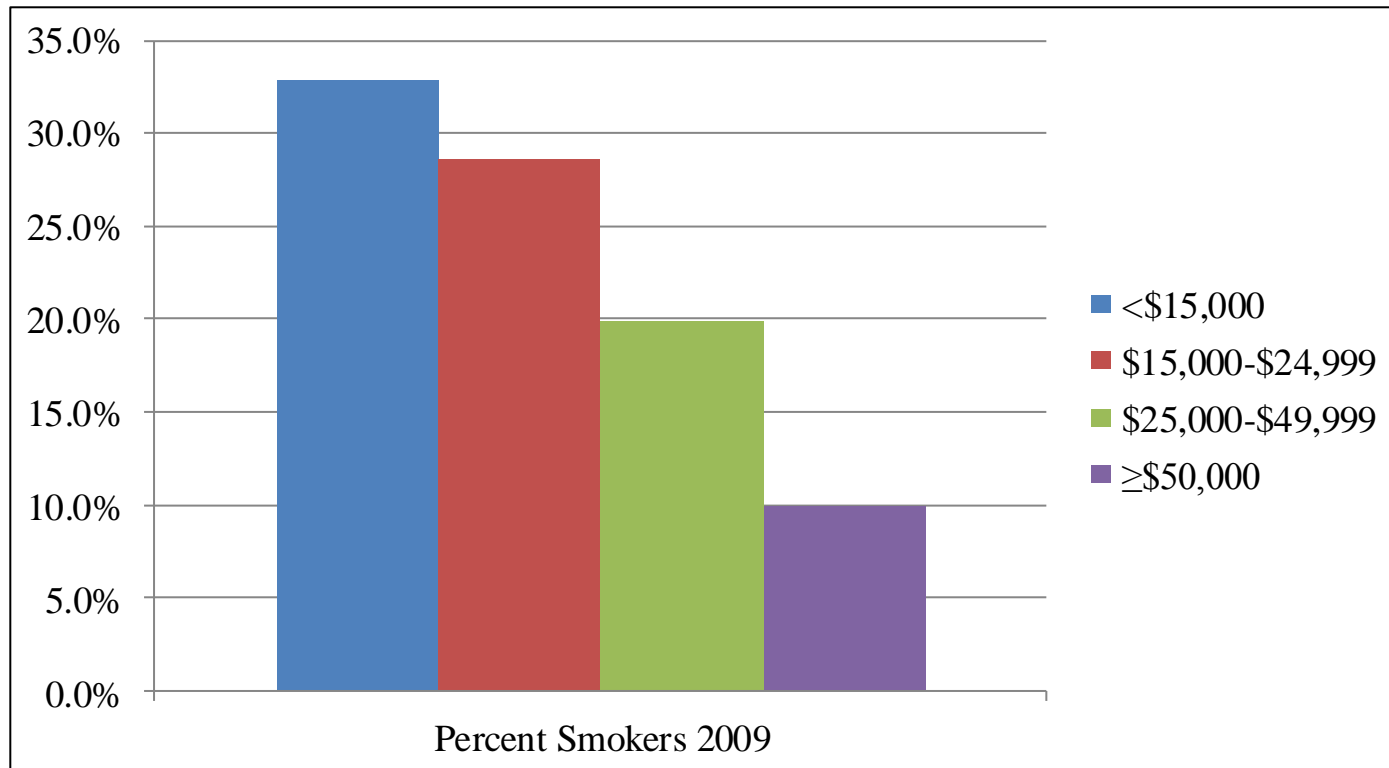


Source: County, State Data, BRFSS 2006-2009, National data, BRFSS, 2010

Children are at risk



Adults with an income below \$15,000 are more than three times as likely to smoke as those with an income of \$50,000 or more.



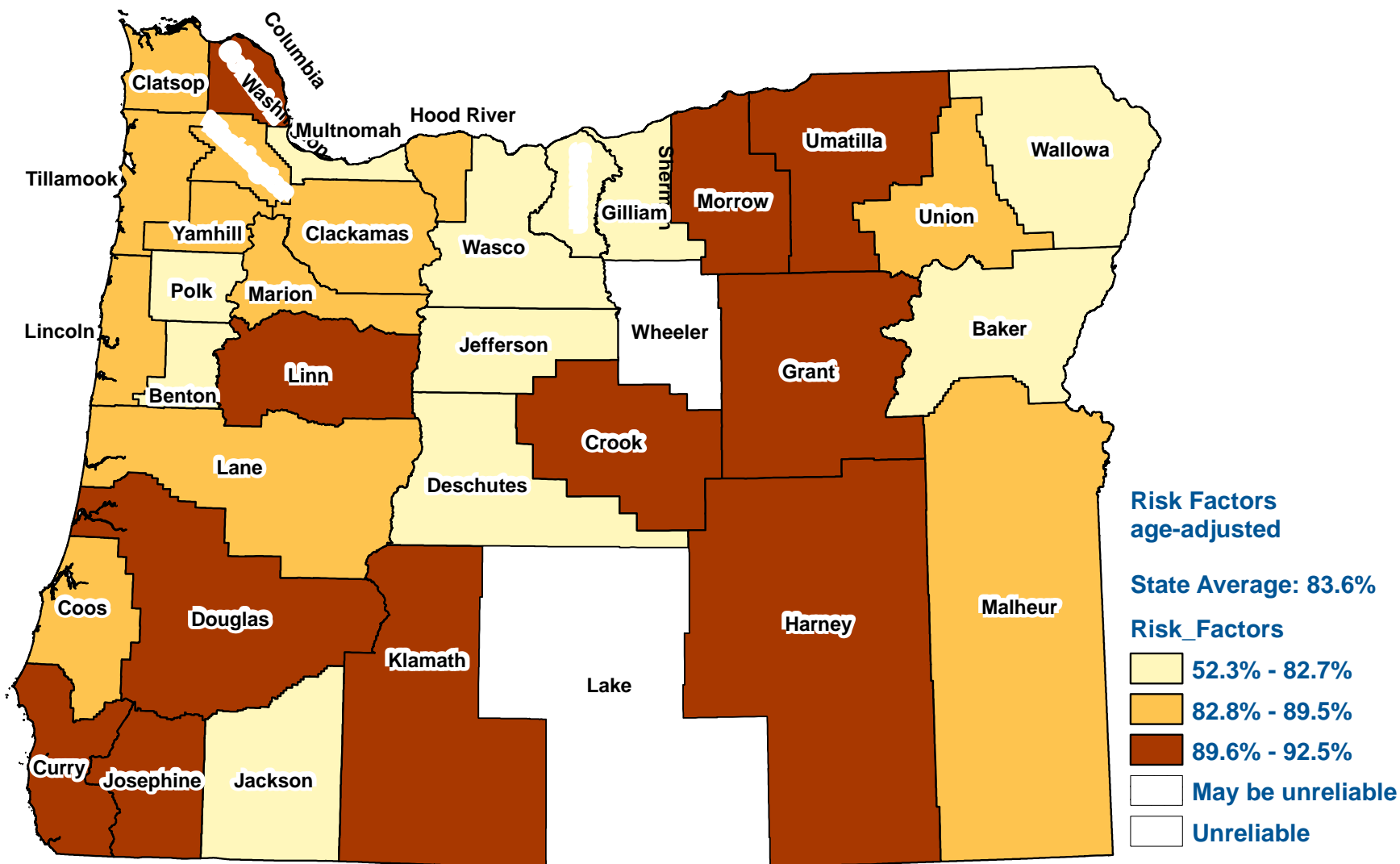
Source: Oregon Tobacco Facts and Laws

And tobacco use affects the rates of many diseases

- ❑ Higher rates of smoking interact with other risk factors to raise the risk of morbidity and mortality for multiple diseases.
- ❑ Tobacco use raises the risk of stroke and heart disease; when combined with diabetes, the risk rises further.
- ❑ Heavy smokers have double the risk of developing type II diabetes relative to non-smokers.
- ❑ Smoking has been shown to increase insulin resistance, thereby raising susceptibility to diabetes.

Source: Mayo Clinic

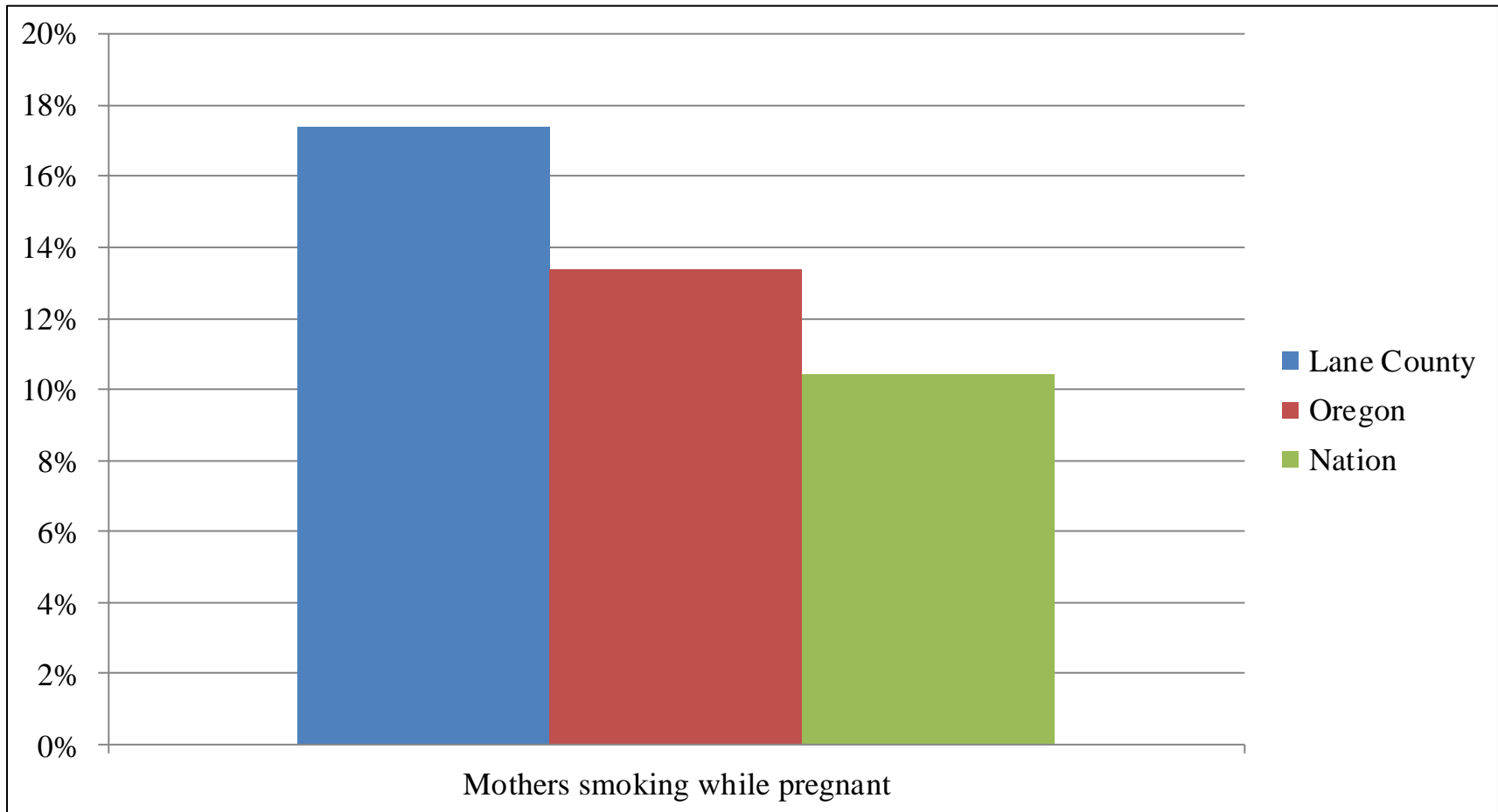
Risk Factors Prevalence, 2006-2009



Note: less than 5 fruits/veggies, no physical activity, obese, or current smoker.

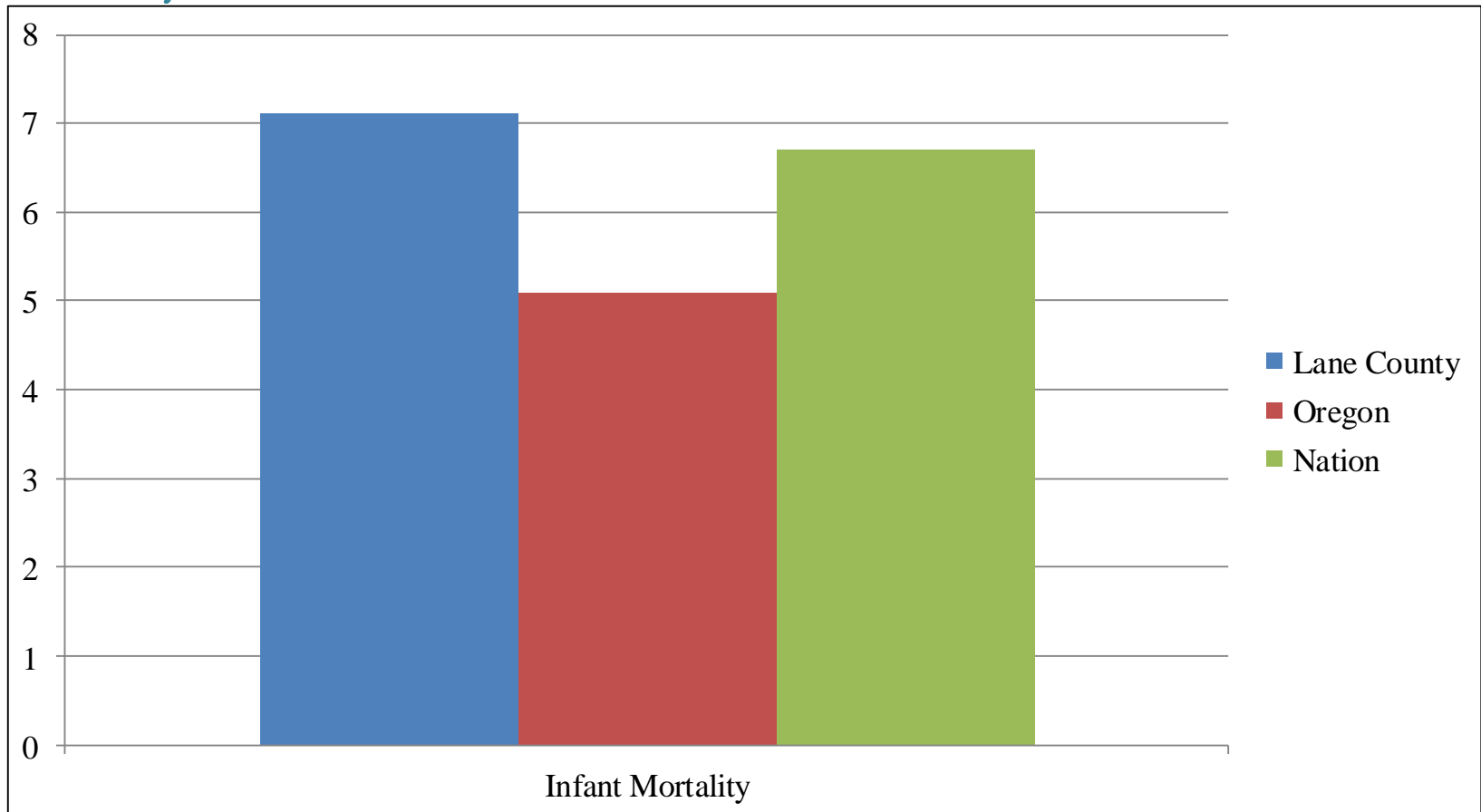
Maternal and Child Health

Prenatal smoking is much more common in Lane County than in the State and 70% higher than the national rate.



Source: County, State Data, Oregon State Department of Health; Nation, NVSS, rates are for 2009

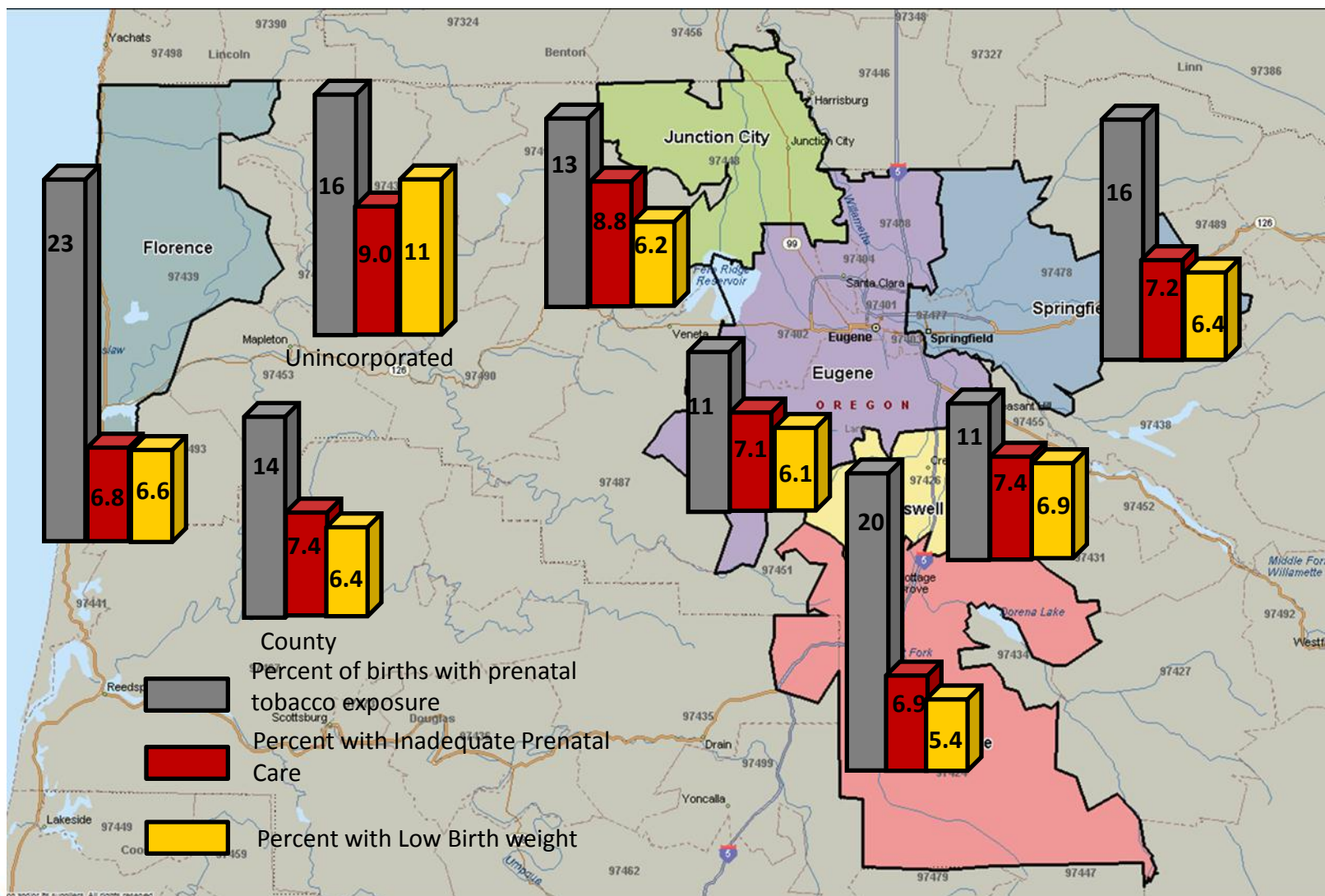
Lane County's infant mortality rate is higher than State and Nation, and both maternal smoking and obesity correlate with infant mortality.



Rate: Deaths per 1,000 live births

Source: County, State Data, Oregon State Department of Health; Nation, NVSS, rates are for 2009

Low birth weight and inadequate prenatal care are most prevalent in the smaller and more rural areas of Lane County.

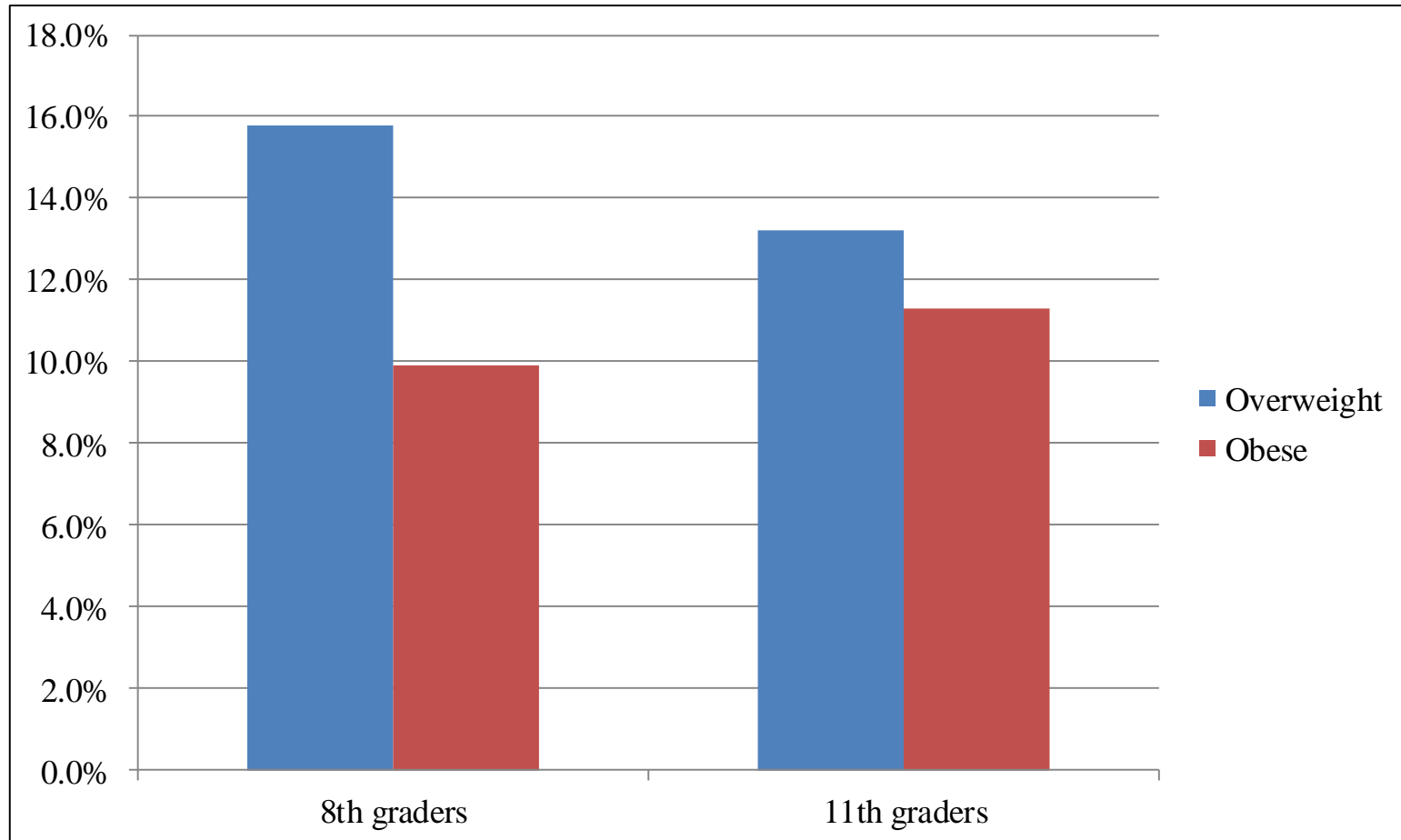


There is a higher rate of child abuse in Lane County, and the percent of child abuse reports that are confirmed is higher than the State rate.

	Percent of child abuse reports that are confirmed	Rate of child abuse and neglect, per 1,000	Uninsured Children
Lane County	32%	10.3	8.7%
Oregon	25%	7.4	8.8%

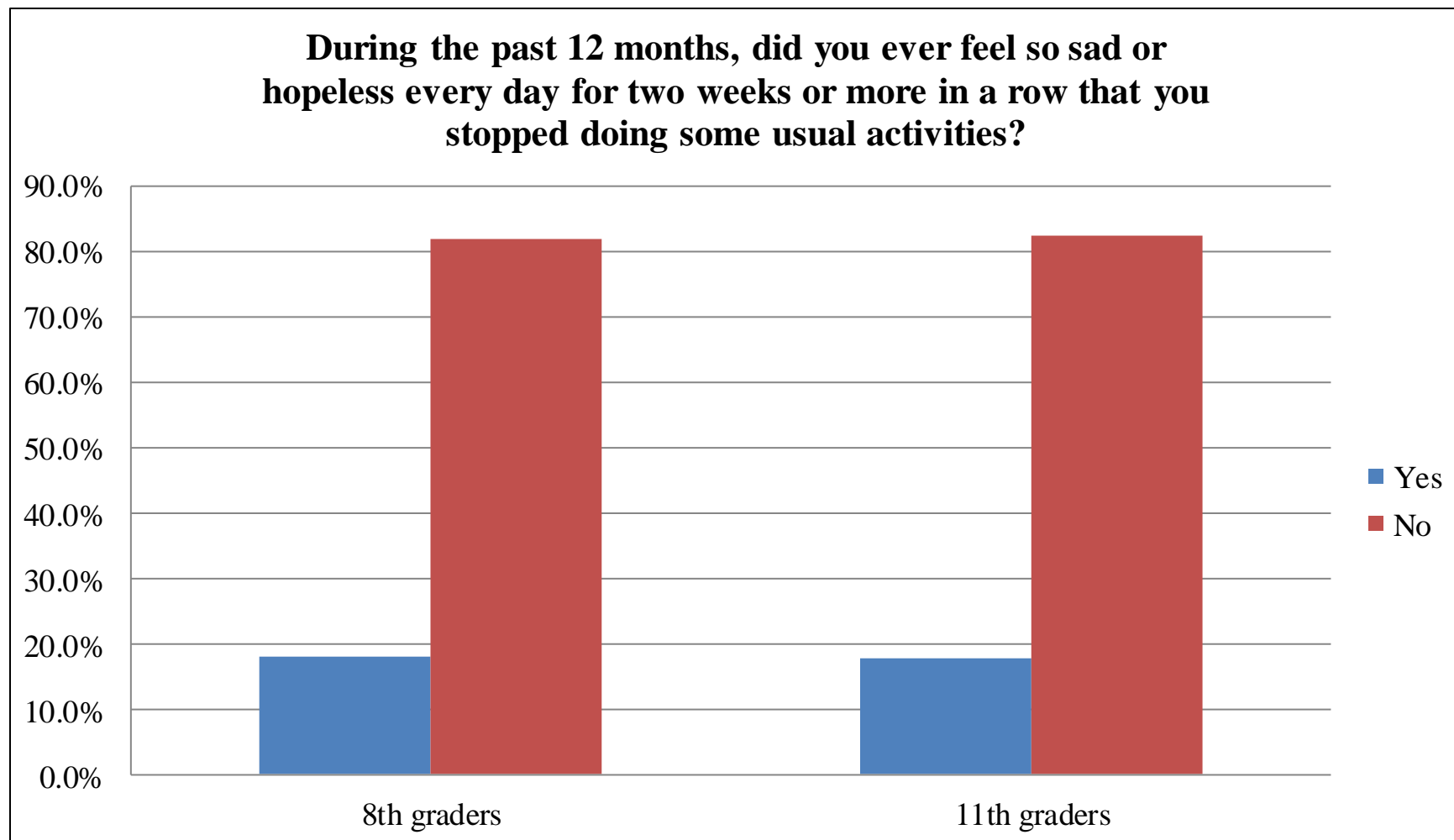
Source: Oregon County Data Book 2011, Children First.

25.7% of 8th graders and 24.5% of 11th graders in Lane County were either overweight or obese.



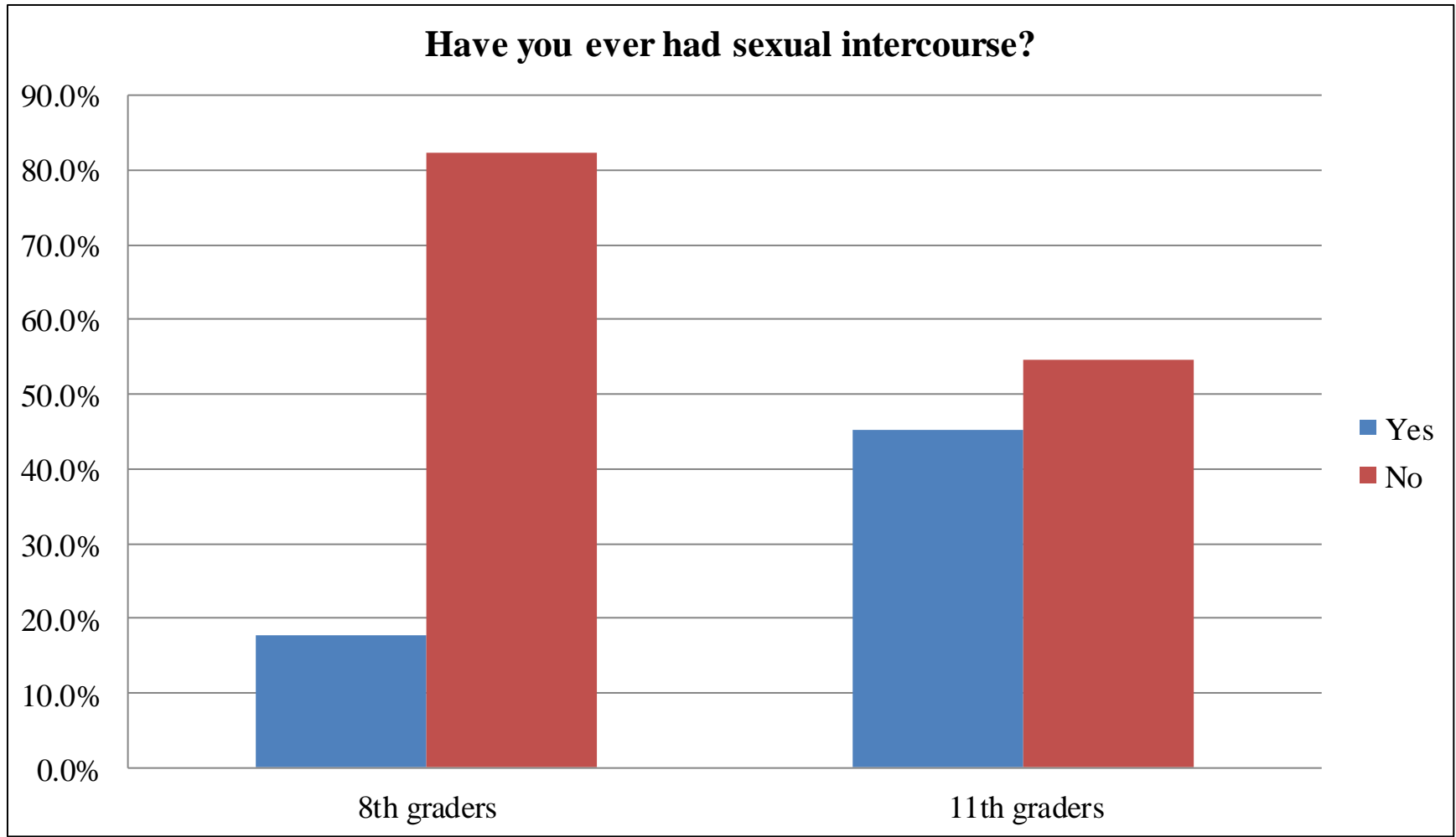
Source: Lane County Oregon Healthy Teens Survey 2007-08

More than 17% of Lane County 8th and 11th graders had symptoms that might indicate depression.



Source: Lane County Oregon Healthy Teens Survey 2007-08

More than 17% of 8th graders and 45% of 11th graders in Lane County have been sexually active.



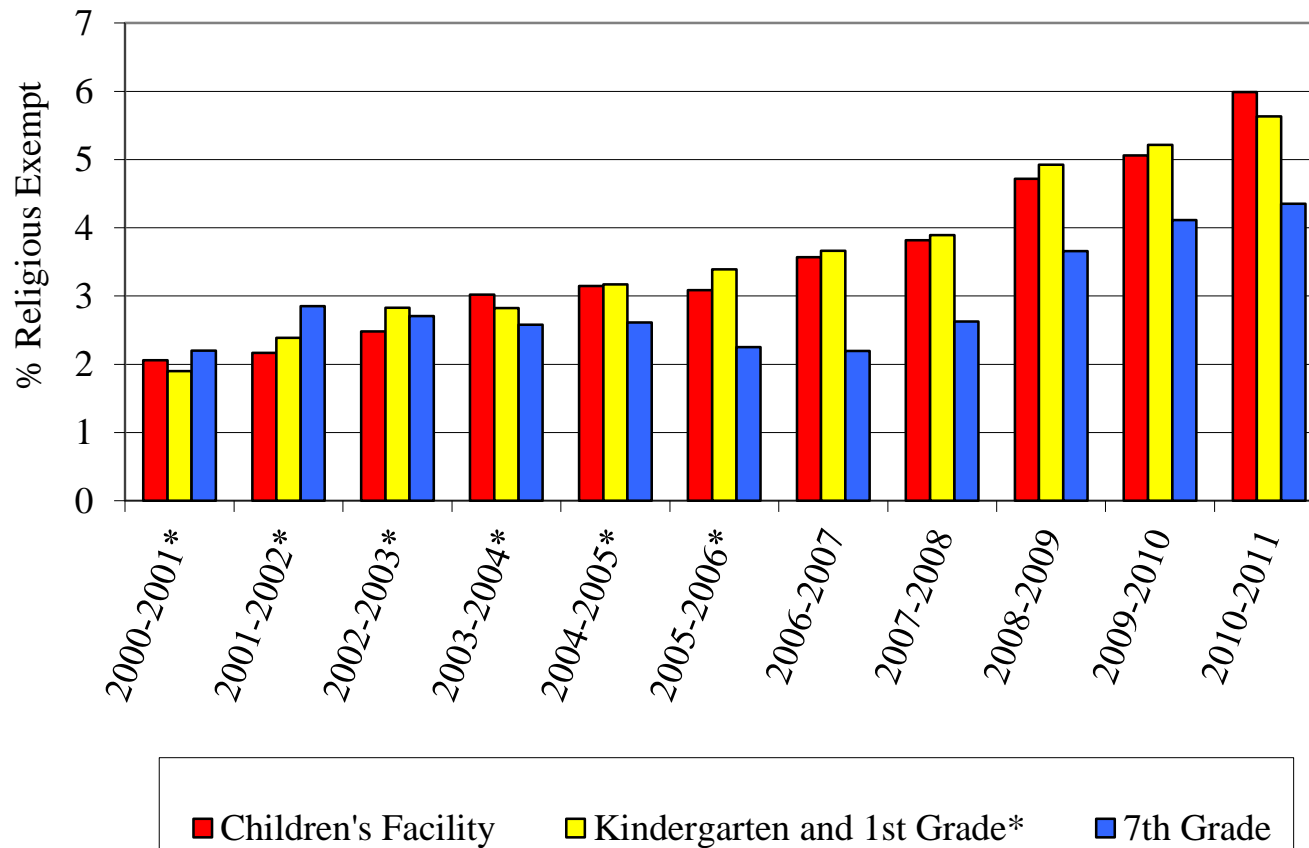
Source: Lane County Oregon Healthy Teens Survey 2007-08

Infectious Disease

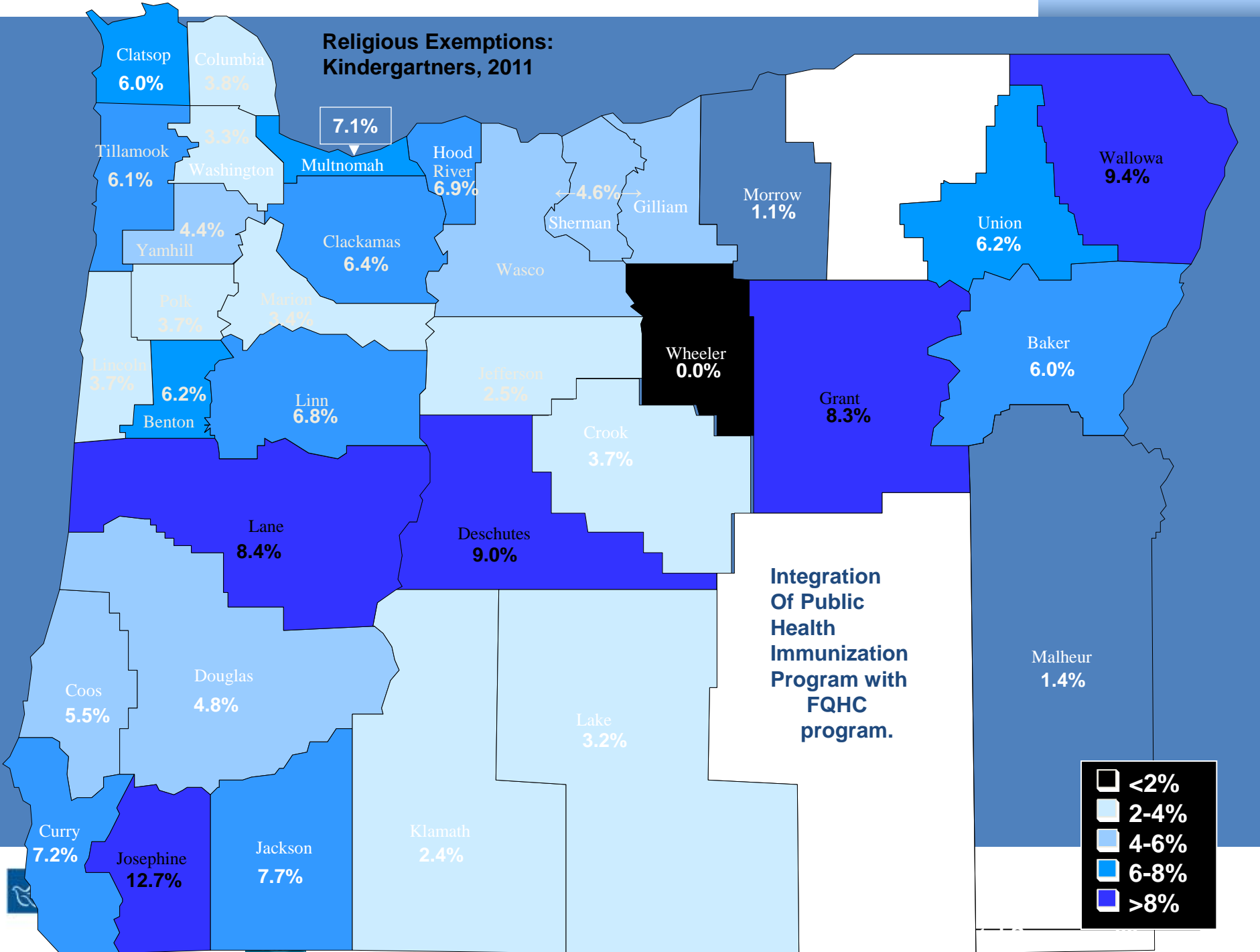
Lane County's rates of immunization place it at risk for outbreaks of preventable disease.

- ❑ In Lane County, 77.2% of two year olds receive the MMR vaccine, which is sufficient to prevent outbreaks for Mumps and Rubella, but not Measles, for which the threshold has been calculated at between 83% and 94%.
- ❑ In 2011, 8.4% of Lane County Kindergarteners had religious exemptions for vaccinations; only three Counties, Josephine, Deschutes, and Wallowa, had higher rates of religious exemptions.
- ❑ Diphtheria requires an 85% threshold and Pertussis 92-94%, but only 80.7% have all four doses in the DTP series, also placing the community at risk for outbreaks.
- ❑ 20% of reported cases of Pertussis are hospitalized; the average case costs \$9,586.

Religious Exemption Rates, 2000-2011



Religious Exemptions: Kindergartners, 2011



The rates for early Syphilis and Gonorrhea are lower than the State rates, but the Chlamydia and HIV rates are higher than the State rate.

- ❑ STIs are most common in young adults.
- ❑ Rates of STIs in the Pacific Northwest are far below the rates found in other areas of the Country.
 - ❑ In general, rates of STIs are higher in urbanized areas.

Rates of STIs		
STI	Lane County	Oregon State
Early Syphilis	0.6	4.3
Gonorrhea	23.2	38.8
HIV†	90	22.1
Chlamydia	372.1	356.1

Rates are incidence per 100,000, except for †, which is the prevalence of infection per 100,000

Source: Oregon Department of Health, 2009 rates

Natural Environment

Lane County fares worse than the State for air pollution ozone days, with the most ozone days of any County in the State.

- ❑ Even though Multnomah County has more than twice as many residents as all of Lane County, there were more ozone pollution days in Lane County.
- ❑ Lane County also has one Superfund site, Black Butte Mine, which is eligible for Superfund designation (heavily polluted with toxic waste and a potential danger to public health).
- ❑ Lane County has recently instituted a ban on outdoor burning: the results are not yet available.

Air Pollution Days

Pollution	Multnomah County	Lane County	Oregon State
Air pollution particulate matter days per month	5	11	12
Air pollution ozone days per month	1	5	1

Source: County Health Rankings 2012

Key Data Findings

Key Findings: Death rates

- ❑ The death rate due to heart disease is 14% lower than the national rate.
- ❑ The death rate due to Chronic Lower Respiratory Disease is 15% higher than the national rate.
- ❑ The death rate due alcohol-related causes is twice as high as the national rate.
- ❑ The suicide death rate is more than 40% higher than the national rate.
- ❑ Diabetes death rates are higher than the State and nation. The rate of diabetes has been rising throughout the nation in the past ten years.
- ❑ Lane County has a higher rate of infant mortality than Oregon and the Nation.
- ❑ Lane County's low rate of immunization places it at risk for disease outbreaks.
- ❑ 23% of Lane County residents are uninsured.
- ❑ Nearly three quarters of Lane County residents have inadequate fruit and vegetable consumption.

Key Findings: Other Health Status

- ❑ Lane County's premature death rate (years of life lost before age 75) is nearly 20% higher than the State.
- ❑ Lane County's rates of chronic disease are similar to the State rates with the exception of asthma: Lane County's rate is 10% higher than the State rate.
- ❑ Maternal smoking during pregnancy is much higher in Lane County than in the Nation.
 - ❑ Maternal smoking is the leading cause of low birth weight in babies; reducing maternal smoking can lead to a significant drop in low birth weight babies.

Top Issues/Concerns Identified in Lane County.

- ❑ High rate of tobacco use.
 - ❑ Most concerning in the pregnant population.
- ❑ Suicide and death from alcohol-induced causes and unintentional injury are significantly higher than State or national levels.
- ❑ Infant mortality rates are high.
- ❑ There is an upward trend in obesity.
- ❑ The low rate of immunization is placing the community at risk.
- ❑ Behavior change (such as healthy eating and exercise and tobacco cessation) can positively influence current trends.

While there are common County wide challenges, in some instances, action plans will need to be community specific due to the unique needs of the various communities comprising Lane County.

❑ Eugene:

❑ Highly educated:

- Fewer issues with ability to read and comprehend health information.

❑ Large student population

- Higher rates of alcohol abuse.
- Higher rates of health behaviors associated with young adults:
 - ❑ Smoking
 - ❑ Accidents
 - ❑ Suicide

While there are common County wide challenges, in some instances, action plans will need to be community specific due to the unique needs of the various communities comprising Lane County.

❑ Springfield:

- ❑ Newborns are more likely to have been exposed to cigarette smoke in utero, and less likely to have had adequate prenatal care.
- ❑ Lowest per capita Income of any city in the County.
- ❑ Percent of population with a college degree is about half that of the State; fewer residents have high school diplomas.
- ❑ Highest CNI score in the County; suggesting greater need.

❑ Junction City:

- ❑ One of the lowest poverty rates in the County.
- ❑ 20% lower rate of adequate prenatal care.
- ❑ More young people.
 - A large population under 18 skews the city's health care needs towards early preventive care such as vaccination and healthy eating.

While there are common County wide challenges, in some instances, action plans will need to be community specific due to the unique needs of the various communities comprising Lane County.

❑ Florence:

- ❑ Highest rate of elderly.
- ❑ Lower poverty levels than rest of County.
- ❑ Lowest CNI score.
- ❑ Highest prenatal smoking exposure rate in the County.

❑ Cottage Grove

- ❑ High rate of prenatal smoking exposure.
- ❑ High CNI score.
- ❑ While poverty rate parallels County rate, significantly lower rate of Bachelor's degrees.

Discussion

Next Steps

- ❑ Finalize Lane County priorities and targets.
- ❑ Create Implementation Plan.
 - ❑ including the creation/building upon existing partnerships/ community assets.
- ❑ Widely engage community in implementation.